



2019 Spring Class Selection

Parent Name: _____

Child 1: _____

Email: _____

Child 2: _____

Class	Level	Time	Child 1	Child 2
Sunday:				
Adult Bootcamp	All Levels	2:30PM - 3:30PM	<input type="checkbox"/>	<input type="checkbox"/>
Breakdance	All Levels	4PM - 5PM	<input type="checkbox"/>	<input type="checkbox"/>
Aerial Circus	All Levels	5PM - 6PM	<input type="checkbox"/>	<input type="checkbox"/>
Monday:				
Trampoline	All Levels	4:30pm - 5:30pm	<input type="checkbox"/>	<input type="checkbox"/>
Handstands	All Levels	5:30pm - 6:30pm	<input type="checkbox"/>	<input type="checkbox"/>
Strength and Conditioning	Intermediate	6:30pm - 7:30pm	<input type="checkbox"/>	<input type="checkbox"/>
Tumbling	All Levels	7:30pm - 8:30pm	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday:				
Tumbling Foundations	All Levels	5PM - 6PM	<input type="checkbox"/>	<input type="checkbox"/>
Tumbling Skills - BHS & Aerial	All Levels	6PM - 7PM	<input type="checkbox"/>	<input type="checkbox"/>
Strength and Conditioning	All Levels	7PM - 8PM	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday:				
Aerial Circus	All Levels	5PM - 6PM	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	All Levels	6PM - 7PM	<input type="checkbox"/>	<input type="checkbox"/>
Hip Hop	Beginner	7PM - 8PM	<input type="checkbox"/>	<input type="checkbox"/>
Thursday:				
Flexibility	All Levels	5PM - 6PM	<input type="checkbox"/>	<input type="checkbox"/>
Handstands	All Levels	6PM - 7PM	<input type="checkbox"/>	<input type="checkbox"/>
Breakdance	Beginner	7PM - 8PM	<input type="checkbox"/>	<input type="checkbox"/>
Friday:				
Partner Tricks, Stunting, Acro Yoga	All Levels	5PM - 6PM	<input type="checkbox"/>	<input type="checkbox"/>
Circus Conditioning	All Levels	6PM - 7PM	<input type="checkbox"/>	<input type="checkbox"/>
Friday Night Training	All Levels	7PM - 9PM	<input type="checkbox"/>	<input type="checkbox"/>
Saturday:				
Strength and Conditioning	All Levels	3PM - 4PM	<input type="checkbox"/>	<input type="checkbox"/>
Trampoline	All Levels	4PM - 5PM	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	All Levels	4PM - 5PM	<input type="checkbox"/>	<input type="checkbox"/>
Aerial Circus	All Levels	5PM - 6PM	<input type="checkbox"/>	<input type="checkbox"/>

Parent Signature: _____