

Massachusetts Gymnastics Center
Presents the 2018 Preschool Gymnastics Show:
“A Day of Champions”

June 16th

With anticipation and excitement, we begin our countdown to our **Day of Champions Gymnastics Show!!!** – The children and staff are eager to show all that they have accomplished. The show will include performances by all of our students and a spectacular awards ceremony. Come join us as it is sure to be the highlight of the year!

Your child’s participation in the show is *optional*. If your child would like to perform in the show OR order a t-shirt (optional), simply fill out the reply form and return to us with full payment by Saturday, April 28th. **If your child does not want to participate in the show, please help us by circling NO on the form and returning it to us by the deadline.** If you have any questions, please call the office at (781) 826-1550.

SHOW SCHEDULE

Kids should attend their regular class that day and then return for the show

**ALL SHINING STARS AND SHOOTING STARS
PRESCHOOL GYMNASTICS CLASSES WILL
PERFORM IN THE SHOW ON**

SATURDAY, JUNE 16 at 12:30PM

Tee shirts (optional)

Tee shirts will cost \$15. Samples will be available at the front desk for accurate sizing. Tee shirts are custom made and cannot be returned or exchanged after ordering.

*****All sales are final*****

GYM SHOW REPLY FORM

Orders must be submitted by Saturday, April 28th. Any order forms submitted without payment will not be processed. All orders are final and cannot be returned or exchanged.

Parent first and last name _____

Gymnast name	Class Day	Time	Level	Participate in show?
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_____	_____	_____	_____	YES NO
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_____	_____	_____	_____	YES NO
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Maximum of 5 tickets per family, tickets will be sold at the door based on capacity

Tickets: Number of tickets _____ Price: \$7 each Ticket cost: _____

T-shirt Circle size: CXS CS CM CL CXL AS AM AL AXL Price: \$15 each

T-shirt cost _____

Entire Order Total _____

Payment Information: Please Check One

_____ I have attached cash in the amount of \$ _____

_____ I have attached a check for \$ _____ Check # _____

_____ Please charge \$ _____ to my credit card

Card # _____ Exp. Date: _____ CVV code: _____

_____ Please charge my credit card on file

Signature: _____ Date: _____

Office Use Only

Book: _____ Staff _____ Date _____

4D: _____ Staff _____ Date _____

Excel _____ Staff _____ Date _____