



SPRING ACTION TRAMPOLINE

Referral Application Form 2016

Participant Name: _____

Day of Class: _____ Time of Class: _____

Cell Phone: _____ Home Phone: _____

E-mail Address: _____

Friends Name : _____

Day of Class: _____ Time of Class: _____

Terms of Service:

- I have verified that my friend has registered and paid for their class in advance.
- My friend is new to the 2016-2017 season.
- I understand that my credit will be for 10% of the value of the class that my friends have signed up for.
- I understand that the credit can only be applied for the Spring 2017 session.

Information:

Spring Action collects personal information from their participants for the purpose of registering their clients with Gymnastics Ontario, to issue receipts and to distribute information about our programs. Spring Action values your privacy and we do not sell or distribute your information with any other organization.

Signature of Participant or Parent (if under 18).

Date