

Want to add to our
schedule?

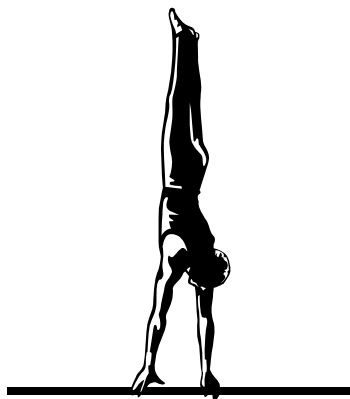
If you do not see a time on our brochure that fits into your schedule, encourage 2 of your friends to join you and create your own class!!! We have several morning and early afternoon slots available.

We also have instructors that would love to teach sports skills for any of you with boys ages 3-5 yrs. Tell your friends!!!



Call anytime
and join us for a
FREE TRIAL
770-640-6605!

Call & see if you
can bring your
friend to class
to visit!



ROSWELL
Winter/Spring 2012
(includes Alpharetta/Dunwoody/Norcross)

If class times do not work for your
schedule...get 3 friends
together and make your own time!

Additional Locations:
Buckhead 404-841-6363
East Cobb 770-977-5557
School Programs 404-257-9912

Call for **FREE TRIAL**
770-640-6605
8560 Holcomb Bridge Rd.
Alpharetta, GA 30022
PeachtreeGymnastics.com
peachtreegymnasticsroswell@gmail.com

WINTER/SPRING 2011

Jan. 5th-May 26th = \$310
Plus \$30 registration fee for new students
30 day notice to cancel, refund for remainder

PRICES PRO-RATED FOR LATE ENTRY!

GYMNASTICS 18 Mths-16 Yrs

18-35 Months: TUMBLE CUBS
(Parent Participation) 40 min.
Sat: 9:30

3-4 Year Olds: BOUNCING BEARS (40 min.)
(Grouped by age & ability)
Mon: 5:10 Thu: 11:10, 1:20 Fri: 1:20, 2:10,
Sat: 10:20

4 1/2-12 Year Olds: BASIC-INTERMEDIATE
(Grouped by age & ability) (50 min.)
Tue: 4:10 Wed: 4:10
Thu: 4:10, 5:10
Fri: 3:10 Sat: 11:10

ADVANCED (1.5 hrs.)
\$465 For Entire Session
* Price is 1.5 regular class
Payment Plan Available Upon Request.
Mon: 3:30-5:00, Tue: 5:10-6:40
Wed: 4:30-6:00, Fri: 4:10-5:40

7-17 Year Olds: TUMBLING (50 min)
Beg/Int: Mon 6:10, Wed 6:10, Sat 12:10
Adv: Tue: 6:10, 7:10 Wed 6:10, 7:10
Thu 7:10, Sat: 12:10

6-12 Year Olds: CHEER (50 min)
Thu: 6:10

LOCATION

Our Roswell facility is located at 8560 Holcomb Bridge Rd. in the Rivermont Shopping Center behind Pizza Hut. Phone # 770-640-6605.

ADDITIONAL LOCATIONS

We also have facilities in East Cobb 770-977-5557, Buckhead 404-841-6363 and our school programs. At our Roswell location, we offer gymnastics, cheer and tumbling.

REFUND POLICY/REG. FEE

We offer money back guarantees unlike our competitors. If you are not satisfied in the first 2 weeks of classes, you may receive a FULL refund for classes. After that period, we simply ask for a 30 day written notice and we will refund the amount for the remainder of the classes after the 30 days. Registration fee is paid at the time of registration and is renewed every Fall Session.

DISCOUNTS

50% off 3rd & 4th child
25% off 2nd class (Children taking 2 classes)

BIRTHDAY PARTIES

Our birthday parties are designed for ages turning 3-10 years old. The first hour of the party consists of gymnastics, cheer if requested and games. The next thirty minutes consists of cake and ice cream. Parents provide cake, ice cream, paper goods, table cloths, and refreshments. 8x1 Student/Teacher Ratio
10-15 children \$205
15-20 children \$265

Available on Saturdays and Sundays 2-3:30 & 4-5:30.
A \$50 non-refundable deposit is due when scheduled.

HOLIDAYS

Holiday camps will be offered!!

NOT INCLUDED IN SESSION:

Fulton County Spring Break
You may schedule a make up for
MLK Day



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Please mail forms & checks to: Peachtree Gymnastics, 8560 Holcomb Bridge Rd. #108 Alpharetta, GA 30022 Info: 770-640-6605.

TOTAL AMOUNT DUE _____ PR Week: _____ AMOUNT ENCLOSED/AUTH TO CHARGE AT THIS TIME _____

CLASS TITLE _____ DAY/TIME _____ CIRCLE: Fall or Winter/Spring or Summer or Entire School Yr _____

CHILD'S NAME _____ GENDER _____ BIRTHDATE _____ Age _____

ADDRESS _____ CITY _____ ZIP _____

PARENT'S NAME _____ PHONE # _____ CELL # _____

CIRCLE: Current student, Former student or New T-SHIRT (Optional \$10, Add to total cost) SIZE: (2-4), (6-8), (10-12), (14-16), AS, AM

VISA OR MC # _____ SECURITY CODE _____ EXP DATE _____

In an event of an emergency involving my child, and if Peachtree Gymnastics cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Signature of Parent or Guardian _____ E-mail Address (IMPORTANT) _____