	DATE:		TIME:	am / p	m Initials:	
Parent's Name:				Home:		Type of Inquiry
CHILD'S Name & Info:				Work:		(Circle one)
Address:				Mobile:		Class Info
						Birthday
				_		Make-Up
				_		Trial
				<u>-</u>	Comments	Date: Day: Class:
CALLBACK:	□ Date:	Time:	am /pm LM / Spoke	Initials:		Other (Fill in below)
☐ Callback NOT req'd	□ Date:	Time:	am /pm LM / Spoke	Initials:		_
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Heard abo	out MY GYM?	Attended Pa	arty Friend Adverti	sement Mailer	Flier Other:	
	DATE: TIME:		am / p	m Initials:		
Parent's Name:				Home:		Type of Inquiry
CHILD'S Name & Info:				Work:		(Circle one)
				Mobile:		Class Info
MESSAGE / NOTES:				Email:		Birthday
				_		Make-Up
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CHILD'S Name & Info:				Home:	om Initials:	
CHILD'S Name & Info:				Home: Work:	om Initials:	(Circle one)
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