

DATE:	TIME:	am / pm	Initials:
Parent's Name: _____	Home: _____	Type of Inquiry (Circle one)	
CHILD'S Name & Info: _____	Work: _____		
Address: _____	Mobile: _____	Class Info	
MESSAGE / NOTES: _____	Email: _____	Birthday	
		Make-Up	
		Trial	
		Date: _____ Day: _____ Class: _____	
CALLBACK: <input type="checkbox"/> Date: _____ Time: _____ am / pm LM / Spoke Initials: _____ <input type="checkbox"/> Callback NOT req'd <input type="checkbox"/> Date: _____ Time: _____ am / pm LM / Spoke Initials: _____ <input type="checkbox"/> POS <input type="checkbox"/> Date: _____ Time: _____ am / pm LM / Spoke Initials: _____			Other (Fill in below)
Heard about MY GYM? Attended Party Friend Advertisement Mailer Flier Other:			

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