



“Build Your Field Trip”

Registration Form

TNT Gymnastics & Fitness Complex
2683 St. Johns Bluff Road S.
(904) 998-8681 tntgym.office@gmail.com

Organization Name: _____

Contact Person: _____ Phone #: _____ Ext: _____

Email: _____

Date of Field Trip: _____ Time Slot: _____

Number of Children Expected: _____ Ages of Children: _____ (Yrs)

Tax Exempt: Yes/No

Pay Deposit: Yes, See CC# /No sending Contract

Credit Card #: _____ Zip Code: _____

CVC: _____ Expiration: _____

Please Circle:

# of Kids	1 Hour Field Trip	1.5 Hour Field Trip
0-20 Kids	\$12 per child	\$14 per child
21 - 60 Kids	\$11 per child	\$13 per child
61 - 100 Kids	\$10.50 per child	\$12.50 per child

Please Initial & Sign Below:

___ **Waivers:** All children and chaperones need to have a waiver signed by their parent/guardian in order to participate. No expectations.

___ **Clothing:** Please instruct all children to wear comfortable clothing. We recommend no jeans, buttons, or zippers. No socks or shoes are allowed in the gymnastics area.

___ **Cancellation Policy:** Your deposit is non-refundable; however, the day and time can be changed upon approval. A re-scheduling must occur at least 48 hours prior to your event after a 15% restocking fee has been paid. Without this notice, you will be responsible for the remaining field trip balance.

___ **Payment Policy:** It is your responsibility to confirm the details listed above prior to your arrival. We do require a deposit to be secured in order to reserve the date and time of your event. We require a 48 hour advanced notice to make any changes to your event pricing, details, etc.

___ **Number of Children:** We staff according to the number of children confirmed for everyone’s safety/ if you do not adjust the number of confirmed children coming and less show up than what was expected, you are responsible for payment of the originally confirmed number.

I understand the above rule and policies of booking a field trip at TNT Gymnastics & Fitness Complex:

_____ Customer Signature/ Program Director

_____ Date