



APPLICATION FOR MEMBERSHIP OF CIRKIDZ

PARTICIPANT MEMBERSHIP

I wish to apply for participant membership of Cirkidz

Name:

Age:

Address:

Phone: Mobile:

Email:

I am a currently enrolled and paid up participant of the following Cirkidz class:

.....

I agree to pay the \$10 membership fee

Signed (if under 18 may be signed by parent or guardian):

Date: