



MINNESOTAFLYERS

GYMNASICS AND FITNESS

Child's name: _____ Age: _____

1st choice class: _____ Day and time: _____

2nd choice class: _____ Day and time: _____

Class cost: _____

Child's name: _____ Age: _____

1st choice class: _____ Day and time: _____

2nd choice class: _____ Day and time: _____

Class cost: _____

Child's name: _____ Age: _____

1st choice class: _____ Day and time: _____

2nd choice class: _____ Day and time: _____

Class cost: _____

Name of Military member: _____ Relationship to child: _____

Military status (circle one): Veteran Active Duty

Branch: _____

DOB: _____ SSN: _____

If you are not registered through the Becker County Veteran's Office, please include a copy of your DD 214 (Veterans) or LES (Active Duty).

Office Use Only

Reviewed by County Veterans Service Office: _____

Scholarship awarded: \$ _____

Denied; reason: _____