



WINTER TUMBLE, CHEER & SPECIALTY CLASSES

12 weeks/SESSION RUNS NOV. 26 2018~FEB. 23 2019

NO CLASSES DEC. 21 THROUGH JAN. 1 2019 ~ NEW SESSION STARTS FEB. 25 2019

11 WEEK SESSION		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SPECIALTY	FLEXIBILITY \$15/class IconicFlyers \$25/class	BEG FLEX 6:00-7:00 JH 11 weeks \$165 No class 12/24 or 12/31	ICONIC FLYERS 6:00-7:15 LL 11 weeks \$275 No class 12/25 or 1/1		ICONIC FLYERS 6:00-7:15 LL 11 weeks \$275 No class 12/27 or 1/3		
	INTRO TO CHEER \$15/class			INTRO TO CHEER 4:30-5:30 SH 12 weeks \$180 No class 12/26			
STUNT	STUNTING \$20/Class \$25 drop-in		GROUP STUNT 7:30-8:30 JH/SH 11 weeks \$220 No class 12/25 or 1/1				COED STUNT CLINIC 3:00-4:30 TBA
11 WEEK SESSION		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TUMBLING CLASSES	Tumble Level 1 (BEG/ADV)	T1BEG 4:00-5:00 GD T1ADV 6:00-7:00 JB 11 weeks \$165 No class 12/24 or 12/31	T1ADV 5:30-6:30 JB/SH 11 weeks \$165 No class 12/25 or 1/1	T1BEG 5:30-6:30 JB 12 weeks \$180 No class 12/26			T1ADV 11:30-12:30 GD/TK 11 weeks \$165 No class 12/22 or 12/29
	Tumble Level 2 (BEG/INT/ADV)		T2 INT 7:00-8:00 GD 11 weeks \$165 No class 12/25 or 1/1	T2BEG 5:00-6:00 TK 12 weeks \$180 No class 12/26			T2BEG 12:30-1:30 GD/TK 11 weeks \$165 No class 12/22 or 12/29
	Tumble Level 3	T3 7:00-8:00 JB 11 weeks \$165 No class 12/24 or 12/31	T3 6:00-7:00 TK 11 weeks \$165 No class 12/25 or 1/1				
	Tumble Level 4			T4 7:00-8:00 JB 12 weeks \$180 No class 12/26			
	Tumble Level 5 (BEG/ADV)		T5BEG 8:00-9:00 JB 11 weeks \$165 No class 12/25 or 1/1				
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HIGH SCHOOL TUMBLE	BCHS 7:30-8:30 TK 10/29-1/28 No class 11/19,12/24,12/31	GHS-V 4-5:00 GD STCN JV 8:00-9:00 TK No class 12/25 or 1/1	GHS-JV 4-5:00 TK STCN VARSITY 8:00-9:00 TK No class 12/26	SEHS 8:00-9:00 JB No class 12/27			
OPEN GYM							12:00-1:00 \$5Mem/\$10Non

Child #1 Class: _____ Class Day: _____ Class Time: _____

Child #2 Class: _____ Class Day: _____ Class Time: _____

Payment Method: Child #1 Amount: _____ Child #2 Amount: _____ (10% Sibling Discount)

VISA/MC Card #: _____ Exp. Date: _____ ccv: _____ CHECK #: _____ CASH _____

___ Yes! I authorize my credit card to be charged for the total amount stated above.

___ Yes! I understand that there are NO REFUNDS or credits applied after a session begins unless a class is cancelled.

___ Yes! I also understand that there is only one make-up class allowed per session.

PARENT SIGNATURE: _____

Registration is also available online @ www.iconicallstars.com 731 N. 17th St., Unit 7, St. Charles, IL 60174 (630) 587-2075