

# Camps/Classes Registration Form

Member #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: (        ) \_\_\_\_\_ Evening Phone: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

**CLASS INFORMATION**

CLASS NAME	DATE(S)	AM/PM	FEE	OFFICE USE
<b>TOTAL AMOUNT DUE</b>				

**PAYMENT INFORMATION**

(please circle one)      Check      Cash      Visa      MasterCard      AmEx

Cardholder Name: \_\_\_\_\_

Card #: \_\_\_\_\_      Expiry: \_\_\_\_\_

**NOTES**

Order #: \_\_\_\_\_ Confirm. Sent: \_\_\_\_\_