



# SUMMER REGISTRATION FORM

Family Last Name: \_\_\_\_\_

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

Cell Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

### Student 1

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Medical Comments: \_\_\_\_\_

Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____

### Student 2

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Medical Comments: \_\_\_\_\_

Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____

### Student 3

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Medical Comments: \_\_\_\_\_

Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____
Day _____ Time _____ Style _____	Day _____ Time _____ Style _____

AMOUNT PAID: \_\_\_\_\_ Method: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date: \_\_\_\_\_