

EVENT SIGN UP FORM

Student's Name _____

Student's Age (if under 18) _____

Name of Event _____

Date/Time of Event _____

Are you signing up for a series? Y / N

Parent's Name (if applicable) _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

How did you hear about the event? _____



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For Office Use Only:

Cash _____ Check # _____

Date Paid _____

Amount \$ _____

By _____