



Registration Form

Name: _____

Preferred Name for Name Tag: _____

Email/Contact Phone Number: _____

Registering with a friend? If yes, name of that person _____

Childcare needed? YES NO *Must pre-pay by 1/16, \$5/child/week*

If yes, please circle which weeks it is needed: 1/23 1/29 2/6 2/13

Names/Ages of children: _____

For official purposes only:

Date paid: _____ Cash Check No. _____ Childcare paid: _____



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