



REGISTRATION FORM

NAME OF PARENT/GAURDIAN: _____

EMAIL : _____ PHONE NUMBER: _____

PREFEERED ACTIVITY (PLEASE CHECK):

- DANCE PROGRAM/DROP IN
- BASKETBALL PROGRAM/DROP IN

HOW MANY FAMILY MEMBERS WILL BE ATTENDING? (PLEASE ADD NAMES, GENDER & AGES):

_____	_____
_____	_____
_____	_____
_____	_____