

Elementary Spring Prep

Registration

Athlete's Name:				
Grade:				
Parent/Guardian	's Name:			
Address (Street, (City, Postal Code			
Phone (Cell or Ho	ome):			
Email:				
Program Dates (Check all that apply):				
April 29 th ,1-3pm		May 6 th ,1-3pm	N	May 13 th , 1-3pm
May 20 th , 1-3pm		May 27 th , 1-3pm		
Office use	Fee:	Payment:	Form:	Date: