

2018 Green & Gold Summer Skate Program

REGISTRATION FORM

PLEASE PRINT

Participant Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Participant's Grade 2018-19: Frosh Soph Junior Senior

Parent's Full Names: _____

Parent's Full Names: _____

Parent's Address (if different than Participant):

Parent's Phone: _____ Other: _____

Parent's E-Mail: _____

Office Use:

Payment: _____ Check # _____ Date: _____

Type: Full Session Pay to Play Waiver: Yes No

PTP Dates: _____