YOUTH REGISTRATION FORM

THIS FORM IS TO BE USED FOR ALL HIGHLINE ARENA YOUTH RECREATION LEAGUES, CLINICS, CLASSES & ANY OTHER PROGRAM OFFERED

REGISTRATION DATE:_____   **CAMP: ST MARY'S SCHOOL CAMP JUNE 19-23**

PARTICIPATES INFORMATION (1 FORM PER CHILD)

NAME_____AGE_____DOB_____

ADDRESS_____TOWN_____ZIP CODE_____

PHONE_____CELL_____

EMAIL_____

CAMP DAYS SELECTION: MON 6/19   TUE 6/20   WED 6/21   THU 6/22   FRI 6/23
(circle each day attending)

BEFORE CARE NEED STARTING AT 7:30AM: YES   NO   DAYS NEEDED:_____

AFTER CARE NEED TILL 6PM: YES   NO   DAYS NEEDED:_____
                                                  ESTIMATE TIME TILL:_____

COST $55 PER DAY x _____#NUMBER OF DAYS = TOTAL AMOUNT DUE:_____

CHECK PAYABLE TO HIGHLINE ARENA / CREDIT CARDS ACCEPTED PLEASE CONTACT CHRIS GOSHA AT chris@highlinearena.com TO SETUP A TIME FOR A CALL FOR PAYMENT OVER THE PHONE.

PARENT/GUARDIAN NAME:_____   DATE:_____

SIGNATURE:_____