



SUMMER SERIES REGISTRATION FORM



FAMILY INFORMATION:

PARENTS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

PARTICIPATING CHILDREN:

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

NAME: _____ AGE: _____ DOB: _____

PLEASE CHECK ONE:

_____ SUMMER SERIES REGISTRATION FEE PAYMENT - \$25 PER FAMILY

_____ I AM A CURRENT MEMBER OF THE GCF&R AND EXEMPT FROM PAYING THIS FEE

FOR OFFICE USE ONLY:

AMOUNT ENCLOSED: \$ _____

PAID: CASH OR CHECK # _____

RECEIVED BY: _____

DATE: _____