



# 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: \_\_\_\_\_