

PAID PROGRAM REGISTRATION FORM

ONE PERSON PER FORM

Name: _____

Phone# _____

Community: _____

Receptionist Use Only	
Date	_____
In-Person	_____
Telephone	_____
Initials	_____

	<u>Program</u>	<u>Date</u>	<u>Fee</u>	<u>Ticket#</u>	<u>OFFICE USE ONLY</u>
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

DO YOU NEED TRANSPORTATION? _____ YES _____ NO

Pick-Up Address _____

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	<u>Program</u>	<u>Date</u>	<u>OFFICE USE ONLY</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

DO YOU NEED TRANSPORTATION? _____ YES _____ NO

Pick-Up Address _____