

PROGRAM REGISTRATION DATA FORM

		KAIION DAI	AIOM						
Participant									
Last Name			First Name				_ MI		
Gender	MALE	FEMALE							
/lailing Addr	ess		City				-		
	Street		•				State		Zip
Home Phone			Cell Phone_				_ Date	of Birth_	
-Mail									
Parent/Guardian Name				Pł	none		Relationship		
Additional F		(s) different than first par	rticipant						
Last Name			First Name				_ MI		
Gender	MALE	FEMALE			Date of E	Birth			
.ast Name			First Name				_ MI		
Gender	MALE	FEMALE			Date of E	Birth			
.ast Name			First Name				_ MI		
Gender	MALE	FEMALE			Date of E	Birth			
PARTICIPAN	NT NAME	PROGRAM TIT	TLE S	START	DATE	Т	IME/DAY		CLASS FEE
								\$	
								\$	
								\$	
								\$	
TOTAL					\$				
					-				
Amount Paid \$ Checks payable to		natic & Fitness Center	Cash	Che	eck (check #)			
Credit Card: M	ust call 703-99	93-8513 with credit c	ard info (Visa	or MC	only)				
Signature									
7511atul C									