

# 2011-2012 Registration Form- Sessions



Last Name: \_\_\_\_\_

Trophy Year											
1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th

413 596-0089 65 Post Office Park, Wilbraham, MA 01095

PARENTS NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_ EMERGENCY# \_\_\_\_\_

1ST CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_ M /F \_\_\_\_\_ DOB \_\_\_\_\_ CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

2ND CHILD: \_\_\_\_\_ AGE \_\_\_\_\_ M /F \_\_\_\_\_ DOB \_\_\_\_\_ CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

3RD CHILD: \_\_\_\_\_ AGE \_\_\_\_\_ M /F \_\_\_\_\_ DOB \_\_\_\_\_ CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

4TH CHILD: \_\_\_\_\_ AGE \_\_\_\_\_ M /F \_\_\_\_\_ DOB \_\_\_\_\_ CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

COST:
_____
_____
_____
_____

NAME AND PHONE # OF PERSON PAYING IF DIFFERENT FROM ABOVE: \_\_\_\_\_

ANY LIMITATIONS WE SHOULD KNOW ABOUT: \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ DR. \_\_\_\_\_ PHONE # \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

**Please sign back of form**

**Priority info:**

PAYMENT:	REG. FEE	TUITION	TOTAL PAID	DATE	FORM OF PAYMENT
SESSION 1:	_____	_____	_____	_____	_____
SESSION 2:	_____	_____	_____	_____	_____
SESSION 3:	_____	_____	_____	_____	_____
SESSION 4:	_____	_____	_____	_____	_____
SESSION 5:	_____	_____	_____	_____	_____

SIGNATURE ON BACK: \_\_\_\_\_ PAYMENT SCHEDULE: \_\_\_\_\_ FOLDER: \_\_\_\_\_ THANK YOU \_\_\_\_\_