

Registration Form

Participant's Name: _____

Date of Birth: / / Age: _____ Sex: _____

School: _____ Grade: _____

How did you hear about this program? _____

Mother/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Father/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Please indicate how you heard about Joe's (friend, flyer, email, etc). _____

_____ (please initial) I allow Joe's Movement Emporium to use photos taken of my child on their website and in other printed materials for marketing purposes.

I would like to register my child for:

_____ 1 Day at \$20

_____ 2 Days at \$35

_____ 3 Days at \$50

_____ 4 or 5 Days at \$85

_____ I am applying for financial aid.

Total Amt. Due: _____ (take 10% off, if registering more than 1 participant).

Payment Options:

_____ Cash

_____ Check (made payable to Joe's Movement Emporium)

_____ Credit (see Joe's staff to have card processed)

OFFICIAL USE Date Rec'd _____ Staff Initials: _____