

SUMMER JAM CIRCUS



REGISTRATION FORM

June 9-13, 2014

9:00am - 11:30 am

For 3 year olds-6th Grade

Price: \$10 by May 25th,
\$15 after

Parent _____

Address: _____

Phone number: Home: _____

Cell: _____

Email: _____

Emergency Contact: _____

(Child information on back)

Relationship: _____

Phone#: _____

FOR OFFICE USE: DATE PAID _____

CASH

CHECK

CHECK # _____



Child 1: Name: _____ **Grade** _____ **Age** _____ **as of June 2014**

Allergies: _____

For Office Use:

GROUP ASSIGNMENT:

Child 2: Name: _____ **Grade** _____ **Age** _____ **as of June 2014**

Allergies: _____

For Office Use:

GROUP ASSIGNMENT:

Child 3: Name: _____ **Grade** _____ **Age** _____ **as of June 2014**

Allergies: _____

For Office Use:

GROUP ASSIGNMENT:

Child 4: Name: _____ **Grade** _____ **Age** _____ **as of June 2014**

Allergies: _____

For Office Use:

GROUP ASSIGNMENT: