



FALL/WINTER/SPRING REGISTRATION

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work phone & Name of person to contact: _____

Email Address: _____

Participant's Name	Sex	Age	Grade	Birth Date	Program Name	Class #	Shirt Size	Fee
FOR OFFICE USE: CHECK _____ CASH: _____ DATE: _____							TOTAL:	

Return completed form with payment to: Cedarburg Parks and Recreation Department, P.O. Box 49, Cedarburg, WI 53012

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