

**REGISTRATION FORM** make checks payable to **YMCA**

Print name clearly: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

STAFF INITIAL/Date
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Section	Class or Trip name	Cost	Start Date	Amt. Pd.	ck	ca	cc	

Credit Card #

exp. date:

CVV code:

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