

ACTIVITY REGISTRATION

Participant Name: _____

Gender: _____ Date of Birth: _____ Age: _____ Grade: _____

Medical or other information our staff should be aware of: _____

Activity Name:	First Choice Activity #	Second Choice Activity #	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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