



## Registration Form

*(Please print clearly)*

Participant Name	Date of Birth	Age on 12/31/11	Sex	Grade

Primary email address (where you want to receive CBNT communications): \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone:(h) \_\_\_\_\_ (c) \_\_\_\_\_

Other Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address:(if different than above) \_\_\_\_\_ Phone:(h) \_\_\_\_\_ (c) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Contact: \_\_\_\_\_

Participant Name	Name of Program (see Program guide)	Program Fee
Notes:	<b>Credit or Outstanding Balance</b>	
	Volunteer Work Deposit	
	<b>Total Due</b>	
	<b>Amount Paid</b> (CA, CH)	
	Balance (for install payments)	

My signature below signifies I have read and will abide by the policies set forth.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date