

REGISTRATION FORM

REC PROGRAM T-SHIRT

Home No. _____
Cell No. _____
Work No. _____

Small	Y <input type="checkbox"/>	A <input type="checkbox"/>
Medium	Y <input type="checkbox"/>	A <input type="checkbox"/>
Large	Y <input type="checkbox"/>	A <input type="checkbox"/>
Extra-Large	Y <input type="checkbox"/>	A <input type="checkbox"/>
Y=Youth A=Adult		

Home No. _____
Cell No. _____
Work No. _____

Name: _____ Relationship: _____

[illegible]

*** Children's Museum-Membership Cost: Free

*List here any days child will not be attending _____

☐ Check Amount: \$ _____
Check # _____