



We build strong kids, strong families,
strong communities

South Sound YMCA Program Registration Form

Date: _____ Membership Type: **Basic** **Full**

Participant's Name: _____ Date of Birth: _____

Primary Phone #: _____ E-Mail Address: _____

Program Name: _____ Time of Program: _____ AM **PM**

Days of Program: **SU M T W TH F SA**

Refunds: Full credit is given if requested 24 hours prior to the 1st class/practice. Up to a 50% refund may be available between the 1st and 2nd class/practice. If you wish for a check refund, a \$5 processing fee will be deducted from the amount you are refunded.

Office Use Only

SESSION	CLASS CODE	FEE	DISCOUNT / SCHOLARSHIP AMT	PAYMENT
Total Received:	Payment Type: Cash <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check # _____		Comments:	

Received by: _____ Computer Input: **Yes** **No** Verified Phone # *Fill out Address Change Form if it is incorrect in computer

Updated 07/11/07



We build strong kids, strong families,
strong communities

South Sound YMCA Program Registration Form

Date: _____ Membership Type: **Basic** **Full**

Participant's Name: _____ Date of Birth: _____

Primary Phone #: _____ E-Mail Address: _____

Program Name: _____ Time of Program: _____ AM **PM**

Days of Program: **SU M T W TH F SA**

Refunds: Full credit is given if requested 24 hours prior to the 1st class/practice. Up to a 50% refund may be available between the 1st and 2nd class/practice. If you wish for a check refund, a \$5 processing fee will be deducted from the amount you are refunded.

Office Use Only

SESSION	CLASS CODE	FEE	DISCOUNT / SCHOLARSHIP AMT	PAYMENT
Total Received:	Payment Type: Cash <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check # _____		Comments:	

Received by: _____ Computer Input: **Yes** **No** Verified Phone # *Fill out Address Change Form if it is incorrect in computer