PROGRAM REGISTRATION FORM

Registration is live and done in person at the Greendale YMCA
Please refer to page 3 of the brochure for dates that apply to your membership type.

FOR OFFICE USE ONLY

Date Received _____ Staff Name _____Membership

Please complete a request for each class separately below. Indicate your 1st and 2nd choices. If you need an additional form, please attach.

Adult Primary Name on Membership: _____Mobile Phone _____

EMAIL

Address: _____

City: _____State:_____Zip:_____Date of Birth ____/___/____

MEMBERSHIP TYPE (circle one): FAMILY ADULT SENIOR YOUTH / PRESCHOOL NON-MEMBER

Participant's Name:_____Class Name:_____

Date of Birth ____/___/____ SELECTION DAY / TIME FEE

Winter Spr I Spr 2 1st Choice $

WAIT LIST YES NO 2nd Choice $

Participant's Name:_____Class Name:_____

Date of Birth ____/___/____ SELECTION DAY / TIME FEE

Winter Spr I Spr 2 1st Choice $

WAIT LIST YES NO 2nd Choice $

Participant's Name:_____Class Name:_____

Date of Birth ____/___/____ SELECTION DAY / TIME FEE

Winter Spr I Spr 2 1st Choice $

WAIT LIST YES NO 2nd Choice $

I have read all the above policies and procedures (pg 42) related to the registration process including the cancelation, credit / refund and class make-up policies and agree to all the terms stated in the YMCA program brochure.

Printed Name: _____

Signature: _____Date: _____