



Charlevoix Area  
**POOL**

*Registration Form*

Family Last Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Emergency/Cell Phone: ( ) \_\_\_\_\_

Phone numbers are very important in completing your registration form.

(Please circle the one that applies.)

District Resident of: *Charlevoix Township*      *Hayes Township*      *City of Charlevoix*  
Non District Resident:    *All others*

(Please circle the one that applies.)

The above address is:    Summer address    Year round address

**Method of Payment:**

- Cash
- Check
- Credit Card

Visa      CC #: \_\_\_\_\_ Exp.Date: \_\_\_\_\_  
 Master Card      Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Participant's First and Last Name	Class Number	Program Title	Participant's Birth Date	Gender	Early Registration	Fee
Fee Assistance Gift (tax deductible): ♦\$10 ♦\$25 ♦\$50 ♦\$ _____						
<b>TOTAL:</b>						

**OFFICE USE ONLY**

Total Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ ( ) Charge ( ) Cash / Accepted by \_\_\_\_\_ Date \_\_\_\_\_