

**MAIL REGISTRATION TO:
LOCKPORT FAMILY YMCA
19 EAST AVENUE, LOCKPORT, NY 14094-3707
TO REGISTER BY PHONE CALL: (716) 434-8887
TO FAX REGISTRATION: (716) 434-0227**

PARTICIPANT NAME: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

AGE: _____ **BIRTH DATE:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

CLASS/PROGRAM: _____

SESSION: _____ **DAY(S) and TIME(S):** _____

FEE: _____ **AMOUNT ENCLOSED:** _____

MEMBER: YES _____ **NO** _____ **EXPIRATION DATE:** _____

IF PARTICIPANT IS UNDER THE AGE OF 18 PLEASE COMPLETE:

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

PHONE: _____ **CELL PHONE:** _____

EMAIL: _____ **BIRTH DATE:** _____

METHOD OF PAYMENT (CHECK ONE)

____ CASH NAME ON CREDIT CARD _____

____ CHECK CREDIT CARD NUMBER _____

____ CREDIT CARD TYPE OF CARD _____ EXP. DATE _____

CARD HOLDER SIGNATURE: _____