

Boys & Girls Club Family Center
Course Registration Form (please print clearly)

Name: _____ Phone: _____ Date of Birth: _____ Memb. #: _____

Address: _____
Street City State Zip Code

E-mail address: _____ Session Num: _____

Course Name	Day(s) / Time	Fees

Method of Payment

_____ Cash _____ Check (payable to Boys & Girls Club)

Credit Card, Name shown on the card: _____
 _____ Visa _____ Mastercard _____ Discover Card #: _____ Exp. Date: _____

Signature: _____