

JR. ADMIRALS REGISTRATION FORM

Date: _____

Child's Name _____

Date of Birth _____

Parent(s) Name(s) _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Mark the appropriate program:

Wednesday, Saturday (\$55 per month)

Monday, Wednesday, Saturday (\$75 per month)

Season = September 6 - May 30

Start Date: _____

**Form of Monthly
Payments:**

Bank Account:

Amount: _____

Circle: Checking Savings

Account # _____

Transit # _____

Credit Card

Amount: _____

Type of Card: (circle) Visa Mastercard Amex Discover

Number _____ Exp. Date _____

Signature: _____

Please note: for credit card transactions, there will be a \$3 charge for each month's transaction