



# REGISTRATION FORM

## Personal Information

Name:

Phone Number:

DOB:

Email:

Emergency Contact (EC) Name:

EC Phone #:

EC Email:

EC Relation:

## Payment

(Single \$150, Couples \$125pp)

Payment type (Cash, Check, Venmo, PayPal)

1<sup>st</sup>:

2<sup>nd</sup>:

3<sup>rd</sup>:

## Food Allergens

**Payment Plan Option:** \$25 registration fee required. \$63.00 due August 9<sup>th</sup>. Remaining \$62.00 due September 9<sup>th</sup>.

