

Dynamic Thursdays
(fitness, 12+ years)
Registration Form

Child's Name: _____ Date of Birth: _____

Parents/Guardians: _____

Phone #: _____ Phone #: _____

Email Address: _____

Date	Select
September 20 2018	<input type="checkbox"/>
September 27 2018	<input type="checkbox"/>
October 4, 2018	<input type="checkbox"/>
October 11, 2018	<input type="checkbox"/>
October 18, 2018	<input type="checkbox"/>
October 25, 2018	<input type="checkbox"/>
November 1, 2018	<input type="checkbox"/>

Date	Select
November 8, 2018	<input type="checkbox"/>
November 15, 2018	<input type="checkbox"/>
November 22, 2018	<input type="checkbox"/>
November 29, 2018	<input type="checkbox"/>
December 6, 2018	<input type="checkbox"/>
December 13, 2018	<input type="checkbox"/>
December 20, 2018	<input type="checkbox"/>

Please initial:

** ___ I understand that the program costs are non-negotiable.**

** ___ I understand that the program costs will be invoiced at the end of the month.**

** ___ I understand that I will be billed for the full length of the program directly without 24 hour cancellation notice.**

Office Use only	Current
FSCD Contract	
Forms	
Scanned	
Entered	

Please fax/email/drop off to:
 #3 Spruce Ave Sherwood Park.
 Bailey Wojciechowski, Group Programs Facilitator
familysupport@robinhoodassoc.com Fax: 780-640-9404