

YMCA Adventure Guides Program Registration

Office Use Only:

R _____ E _____

Kit Issued

2009-10 Circle _____

Participating Parent _____ Gender (please circle) M F

Participating Child _____ Gender (please circle) M F

Child's Birthday _____ Age _____

School _____ Grade (*10-11) _____

Home Address _____

City _____ Zip _____ Subdivision _____

Phone (home) _____ (work) _____ (cell) _____

E-mail Address please print clearly _____

Parent's Business Name _____

Position _____

If you are a new member to this program,
how did you find out about the program?

Family/Friend* School Direct Mail

Newspaper Other _____

Who referred you? *Name _____



