



REGISTRATION FORM

Return to: Charlotte Aquatic Center, 1068 Carlisle Hwy., Charlotte, MI 48813
Phone: 517-541-5740 Fax: 517-541-5745

Participant's Name: _____

Birth Date: _____ Gender (Please Circle): Male or Female

Parent (s) Name (if Minor): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alt. Phone Number: _____

E-Mail Address: _____

<u>Class Name</u>	<u>Dates of Class</u>	<u>Class Time</u>	<u>Fee</u>
_____	_____	_____	_____
_____	_____	_____	_____