

Registration Form

Name _____

Address _____

City _____ Zip _____ Sex: M or F (Please circle one.)

Phone _____ Emergency Phone _____

Birth date _____ Age _____ Grade _____ School _____

Program _____ Session I II (Please circle one.) Age Group _____

Field/Center/Building/Location _____

Shirt Size (Does not pertain to all programs) Please circle correct size. NO EXCHANGES!

YS (6-8) YM (10-12) YL (14-16) AS (34-36) AM (38-40) AL (42-44) AXL (46-48)

Pictures (Does not pertain to all programs) I would like to purchase _____ picture packages at \$10 per package.

Enclose a separate check or money order, payable to CBRC, for each registration. Please use separate forms and checks for each participant. Mail your check and registration form, or hand deliver, to CBRC, 2101 5th Ave, Altoona, PA 16602. Registrations are accepted at the office Monday through Friday from 9:00 a.m. to 4:00 p.m. Visa, Master Card, check and cash are accepted at the office. No registrations are accepted by telephone or at the program site. A \$5 late fee per registration and \$2 late fee per picture package is charged after the program deadline.

Receipt No _____
Scholarship _____
Amount Pd _____
Chk _____ \$ _____ Chg _____
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