

Clinic Registration Form: Adults & Juniors

Adult Clinic: _____ or Junior Clinic _____ (please mark what clinic signing up for)

Program Name Signing up for: _____

Name: _____

Parent or Guardian Name (if signing up for Jr. Clinic):

Address: _____

Email: _____

Phone #: _____ (H) _____ (C)

Please send form with payment to: Diane Rama, 199 Townshipline Rd., Harleysville, Pa
19438