

# Lethbridge Community School Association

Registration Form  
2010/2011 School Year

Registrants Name: \_\_\_\_\_ Current Date: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Parent/Guardian Name & Phone if different: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (business) \_\_\_\_\_

Email Address: \_\_\_\_\_

Check One: Member \_\_\_\_\_ Non Member \_\_\_\_\_ Gift Certificate: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Fee: \_\_\_\_\_

Payment method: Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Gift Certificate \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_