

P.E. in the Pines Participant Registration Form

Date	Name of Class you are Registering for	
Parent Name	Child's Name	
Home Phone	Cell Phone	Email Address
Address		
City	State.	ZIP Code
Child's Birthdate	Gender	
Medical Concerns/Allergies	Emergency Contact	

Class price: \$150 for full 6 week session/ \$138 Military discount/ \$127 sibling discount
Please make checks payable to P.E. in the Pines

After submitting these forms you will receive an email with the mailing address.

For office use only:

- ☐ Registration paid
- ☐ Liability form received

