

## YMCA Facility Member Registration Form

Participant's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Session: 1, 2, 3 or 4      Program Name: \_\_\_\_\_

Program Time: \_\_\_\_\_ Day of Week: \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please bill me for this class using the Credit Card/Debit or EFT I have on file.*

*I am paying via check or cash, today. Check # \_\_\_\_\_ Amount \_\_\_\_\_*

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