

REGISTRATION FORM

PLEASE PRINT ALL INFORMATION LISTED BELOW

[] Check this box if you're interested in receiving the brochure via e-mail. By including an e-mail address you are authorizing the City of Monrovia to e-mail information on future programs and activities.

E-mail Address: _____

A. PARTICIPANT INFORMATION: *please print*

First Name: _____ Last Name: _____

Address: _____ Zip: _____ City: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Birthdate: Month: __ Date: ____ Year: ____ Sex: M / F

B. PARENT/GUARDIAN INFORMATION *(if participant is under 18) please print*

First Name: _____ Last Name: _____

Address: _____ Zip: _____ City: _____

E-mail Address: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Birthdate: Month: __ Date: ____ Year: ____ Sex: M / F

Class #	Class Program / Title	Class Program	\$5.00 Non-Resident Fee

C. Please register carefully and double check your registration form.

D. Make checks payable to City of Monrovia. Check/Money Order for \$_____

Driver's License Number _____

Check Number _____

E. Credit Card Information: [] Visa [] MasterCard [] Discover [] American Express TOTAL: _____

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Complete Card Number Exp. Date MM/YY CVC CODE Signature (if charging)