

Springfield YMCA

Mail In Registration

Please check the session you are registering for: Winter 1 Winter 2 Spring
 Summer Summer Mini Fall 1 Fall 2 Holiday Mini

Last Name _____ Mother _____ Father _____

Street Address _____

City, Zip _____

Home Phone _____ Day Phone _____

E-Mail _____ Emergency# _____

Participant's Name	Birthday	Class #	Class Name	Day	Time	Fee
Alternate choice, if class is not available:						

Participant's Name	Birthday	Class #	Class Name	Day	Time	Fee
Alternate choice, if class is not available:						

Additional Comments - Please state any special instructions (i.e. It is okay to register your children for different class times if your first choice is not available for one of them) To register for more than three classes, please attach extra sheets.

Check# _____ Total \$ _____ Staff Processing _____

Complete the registration form and mail with payment (checks only) to:

YMCA Program Registration
 P.O. Box 155
 Springfield, IL 62705