

**Wallingford Boys and Girls Club
Program Registration**

(to register additional participants, please copy this form)

Participant Name _____

Date of Birth _____ Grade _____

Parent/Guardian Name(s) _____

Home Address _____ Zip Code _____

Phone Number(s) _____

Email _____

Please circle the program(s) for which you are registering:

SHOTOKAN KARATE BEGINNER SESSION 1 2 3 4	SHOTOKAN KARATE INTERMEDIATE SESSION 1 2 3 4	SHOTOKAN KARATE KARATE FOR TEENS SESSION 1 2 3 4
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Please include payment in full when registering. An additional \$15 Wallingford Boys & Girls Club membership fee is due for any participants who are not already Club members.

Checks should be made out to WBGC, or you may pay by credit card:

Card Type (circle): VISA MASTERCARD

Number _____ - _____ - _____ - _____ expiration ____/____

Please mail to: WBGC, P.O. Box 31760, Seattle, WA 98103