

Youth Registration Form

PLEASE SEND A DUPLICATE OF THIS FORM ✂ KEEP A COPY FOR YOUR RECORDS.

**YOUTH REGISTRATION FOR CHILDREN AGES 13-18 ✂ NO ON-SITE REGISTRATION
PLEASE COMPLETE THIS FORM AND RETURN A COPY WITH SOROR REGISTRATION FORM**

NAME OF REGISTERING SOROR LAST NAME: _____ FIRST NAME: _____
FINANCIAL CARD NUMBER: _____ EXP: _____

YOUTH'S INFORMATION LAST NAME: _____ FIRST NAME: _____ MI: _____
YOUTH'S AGE: _____ PLEASE CHECK AS APPLICABLE: FEMALE MALE

MEAL SELECTIONS (checking the item will result in meal selection at all paid food functions)

VEGETARIAN GLUTEN FREE NUT ALLERGY VEGAN NONE

REGISTRATION: UNTIL APRIL 29

_____ \$175 YOUTH REGISTRATION

REGISTRATION: APRIL 30 – MAY 26

_____ \$185 YOUTH REGISTRATION

YOUTH REGISTRATION TOTAL (add all totals on this page and enter below)

\$ _____ ACY1 SUBTOTAL

