



Spring 2020 Registration & Information Night

Group Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Do you want your contact phone number printed in the brochure? YES NO

Do you want your contact email address printed in the brochure? YES NO

Describe the service your group provides: _____

Additional relevant information: _____

Primary Age Group: _____

Meeting/Practice days/times: _____

Do you require a plug in? *(must provide own extension cord)* YES NO