Fall 2019 Registration & Information Night

Group Name: _____

Address: _____

_____

Phone: _____

Email: _____

Website: _____

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

Describe the service your group provides: _____

_____

_____

_____

Additional relevant information: _____

_____

_____

Primary Age Group: _____

Meeting/Practice days/times: _____

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