

Capital City Striders, Inc. PO Box 113 Institute, WV 25112

Registration Form

(Please Print Clearly)

Participant's Name: _____

Date of Birth: _____
 Month/Day/Year _____
 Turning this Year

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ School: _____

Events Experience or Preference:

Guardian Name:

Additional Guardian Information:

E-Mail Address _____ Cell Phone _____ Work Phone _____

Emergency Contact Information:
 _____ Telephone No. _____
 _____ Telephone No. _____
 Insurance Carrier: _____ Insurance Number: _____

Please list any illnesses/disabilities that your child may have:

Office Use Only:	Yes	No	Date Received
Copy of Birth Certificate:			
Registration Fee Received:			
Registration Payment Plan:			
NOTES:			