



# Winter 2020 Griswold Registration Form

## Customer Name

First name	Last name
Street	City/State/Zip
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Primary phone	Alternate phone
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of cell phone provider	Do you want email and text alerts?   Email
Gender   Date of birth	Working resident address (paystub required)

## Emergency Contact (not in the same household)

First name	Last name	
Relation	Home phone	Alternate phone

Name	Activity Name	Activity Number	Fee



