



Spring 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 <small>Required for texts</small>	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

Today's Date	Name (if more than 1 person)	Activity Name	Activity Number	Fee

