



JUNIOR PROGRAM REGISTRATION

Name _____ NEW CHANGE CANCEL

Effective Date: _____ Parent Initials: _____ Staff Initials: _____

Best Contact #: _____

	<u>DAY</u>	<u>TIME</u>	<u>PROGRAM</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Refer a friend for a \$25 Credit! Friend must be a First-Time Attender to a program of any kind at GRC.

Name _____	Cell # _____
Email _____	