

Child's Name			Age	Grade_	
Rec Classes- Des	sired Class Day a	and Time:			
1st Choice Day		Time Time			
1st Choice Day 2nd Choice Day		Time			
Current Team Le	evel:				COST:
Rec Classes- Des 1st Choice Day 2nd Choice Day	sired Class Day a	and Time:			
1st Choice Day	<u> </u>	Time Time			
2nd Choice Day		Time			
Current Team Le	evel:				COST:
Rec Classes- Des	sired Class Day a	and Time:			
1st Choice Day		Time			
2nd Choice Day		Time			
Current Team Le	evel:				COST:
COMBINED TOTAL					OTAL COST:
(*Use 2 forms if	you are request	ing scholarship funds	s additional chil	dren)	
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