

Summer ESCAPE 2010 Registration Form

Winona Family YMCA
207 Winona Street
Winona, MN 55987
507-454-1520

One person/registration per form - Please copy this form as needed

5 day (M-F) 3-day (M-W-F)

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Male _____ Female _____

Birth Date _____

School Grade '09-'10 _____ School Attending _____

Parent/Guardian Name

First _____ Last _____ Daytime Phone _____

Parent/Guardian Name

First _____ Last _____ Daytime Phone _____

YMCA Member Nonmember

Has your child received formal swimming instruction from a certified instructor?

Yes No

Child's Swim Level _____

() \$20.00 non-registration fee enclosed

() Please charge my credit card for the amount checked above.

() Visa () MasterCard

Name on Card _____

Card Number _____ Exp. Date _____

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Parent's E-mail address: _____

Date _____