

**Central Montana Sports Enhancement Program Registration Form**

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| 1. Athlete Information |
| Name: | Age: DOB: | Circle: Male Female |

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| 1. Parent Information | | | | | |
| Name: | | | | | |
| Address | City | | | State | Zip |
| Email address | | | Phone | | |
| Emergency Contact Name | | Emergency Phone Number | | | |

* $150 for 1st child, $100 per additional child; 17 Sessions – June 4, 2018 to July 13, 2018
* **Registration deadline: June 1, 2018**

Checks payable to: CMMC

Judith Peak Rehab

408 Wendell Ave,

Lewistown, MT 59457