

**Central Montana Sports Enhancement Program Registration Form**

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

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

* $150 for 1st child, $100 per additional child; 17 Sessions – May 29th – July 9th, 2018
* **Registration deadline: May 25th**

Checks payable to: CMMC

 Basin Therapy

 215 3rd Street South

 Stanford, MT 59479