

Class Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_

*(Required for class communication)*

Membership Type: \_\_\_\_\_ Membership Expiration: \_\_\_\_\_

Phone (D): \_\_\_\_\_

Phone (E): \_\_\_\_\_

Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Class Participant: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Fee: \_\_\_\_\_

Class Participant: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Fee: \_\_\_\_\_

Class Participant: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Fee: \_\_\_\_\_

Total Fee: \_\_\_\_\_

Charge my:  Visa  MasterCard  American Express

Name on Card \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Make checks payable to: CBF YMCA

Mail to: Central Bucks Family YMCA  
2500 Lower State Road  
Doylestown, PA 18901