

Registration Form

Date___/___

Child's Name		Grade	DOB/	/
Address				
City				
Parent/Guardian				
Phone: Home ()	E	mergency ()		
Email				
Alternate Pick-Up List:				
Name	Relationsh	 nip	Phone Number	
Name	Relations	 nip	Phone Number	
Can we post your child's picture	on Facebook and/or	scf.org website?	□ _{Yes} □ _{No}	
In the event of illness or injury to my chexamination, anesthetics, medical, der as deemed necessary for the safety ar will be the responsibility of said child's volunteers from injury, illness, or death	ntal or surgical diagnosis on and welfare of my child(ren) parent/guardian. I hereby	or treatment and hospital. It is understood and a waive all claims agains	al care from a licensed greed that the resulting St South Coast Fellow	d physician ng expenses ship, staff and
Parent(s)/Legal Guardian Signature			Date	
Please list any allergies or illnes	ss			
The package you are purchas	ing for your child(re	en) includes: Book	and a Vest (or C	Club Shirt):
Puggles (Age 2)	One Size NO BOO	K		. \$20.00
	X-Large - 8			
Sparks's (K-2nd)	10 🗖 12 🗖 14			. \$35.00
T&T (3rd - 5th)	14 🗖 Youth Small	Adult Small		. \$35.00
Trek (6th - 8th)	Adult Small	Adult Med		. \$35.00
Registration Fee (per child)				\$10.00
Dues are \$.50 weekly or \$14.5	50 yearly			\$



REGISTRATION	x \$10.00 =
PUGGLES PACKAGE (INCLUDES HANDBAG)	x \$20.00 = \$
CUBBIES PACKAGE (INCLUDES HANDBAG)	x \$35.00 = \$
SPARK'S PACKAGE (INCLUDES HANDBAG)	x \$35.00 = \$
T & T PACKAGE (INCLUDES HANDBAG)	x \$35.00 = \$
TREK PACKAGE (INCLUDES HANDBAG)	x \$35.00 = \$
YEARLY DUES	x \$14.50 = \$
CLUB BAGS/BACKPACKS	x \$10.00 = \$
HANDBOOK ONLY	x \$15.00 = \$
SHIRT/VEST ONLY	x \$15.00 = \$
□PUGGLES SHIRT □PUGGLES VEST	
□CUBBIES SHIRT □CUBBIES VEST	
☐SPARKS SHIRT ☐SPARKS VEST	
☐T&T SHIRT ☐T&T VEST	
☐TREK SHIRT ☐TREK VEST	
TOTAL AMOUNT OWED	\$
AMOUNT REC'D \$CHECK #	_
RECEIVED BYDATE	_
ADDITIONAL PURCHASES/PAYMENT (OK'D BY	Y COMMANDER ONLY)
1	\$
2	
3	
4	
5	