



**Take It To The Hoop
Every Tuesday & Thursday**

Tierrasanta Recreation Center

REGISTRATION FORM

Date: _____

Name _____ Gender _____ D/O/B _____ Age _____

Street Address _____ City _____ State _____ Zip _____

Parent Name _____

Phone # _____ Cell Phone _____

Email _____

Health Ins. Co. _____ Policy No. _____

Payments can be made online at: <https://wrighttodream.com>

8 SESSION SPECIAL \$200.00

DAILY SESSIONS \$35.00

Dates: _____

Dates: _____

Total amount \$ _____ Make checks payable to "COREY WRIGHT" Check No. _____