Little Mates Registration Form-(ages 5-7)

A separate form must be completed for each child. PLEASE PRINT

Childs Name:				
Age:	Birth Da	te:		
Parent/Guardian(s)	:			
Street				
Address:				
City/State/Zip:				
Phone:				
Email:				
T Shirt Size (Include	ed with Registi	ration) Circle one siz	e	
Youth Xsmall Y	outh Small	Youth Medium	Youth Large	
Payment Informati	on:			
Term: 4 Weeks ½ D	ay-\$250.00 M	embers, \$500.00 No	on-members	
Term: 8 Weeks ½ D	ay-\$500.00 M	embers, \$900.00 No	on-members	
\$50 deposit due at	time of registr	ration.		
Full payment due b	y Orientation			
Please make check	payable to Be	eachwood Yacht Clu	and mail to:	
Leo Canzoneri				
1 Nathalie Dr.				
Bayville, NJ 08721				
I understand no ref	fund will be gi	ven once the applic	ation has been	signed by the
parent/guardian				
Parent/Guardian Signature				Date:
Program Term: 4w	'k 8 wk_			
Fee:				