				REGISTRAT	ON FORI	M					
			ATION FEES A	DA	NC			OCDANAIS CA	NCELLED		
PARTICIPANT INFO			PARTICIPANT (ch					NGE (check box it		_	
LAST NAME:				FIRST:						LE INITIAL:	
ADDRESS:					CITY:					ZIP:	
DATE OF BIRTH:	:	/	/		НОМЕ	PHO	ONE:				
					CELL	. PHO	ONE:			SERVICE PI	ROVIDER:
E-MAIL ADDRESS	S:										
					I	agre	ee to receiv	e text message	s from the (City of Thib	odaux.
PLEASE LIST ANY I	MEDICAL CONCERNS:										
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	1ST PERSON TO N				$\overline{}$	Γ	DOCT	OR EMERGENC	YCONTACT	INFURIVIA	IION
NAME:							DOCTOR	:			
CELL: (if applicable)	()						PHONE:				
HOME: (if applicable)	()										
SHIRT	SIZE -MUST BE OR	DERED BY 9	/15/25 TO RE	CEIVE SHIRT							
	CIRCLE ONE:										
	Adult Small Adult	t Medium	Adult Large	Adult X-Larg	e			Signatuı	re of Particip	ant	
	Adult 2X- Large	Adult 3X La	rge Adu	ılt 4X Large				Printed Na	ame of Partic	ipant	
Please Check One:		Beginners Class []					Bot	th Classes []]		
			Advanced (Yana []							

PAYMENT DETAI	LS:	TREC OFFICE USE ONLY: (Please do not write below this line).					
PLEASE MAKE CHECK PAYABLE TO: CITY OF THIBODAUX MAIL PAYMENT TO: Parks & Recreation Department	FEE: \$25 for one class \$40 for both classes	AMOUNT PAID: CASH CHECK CRE \$ No Type:	EDIT CARD				
P.O. Box 5418 Thibodaux, Louisiana 70302		ACTIVE NET Mail Rec'd Date:					