

Town of Brookfield Registration Form

•	Shirt Size	Shirt Size		Parent's/Guardian's Name(s)		
Address	Age (as of	Age (as of today)		Telephone Number (Night)		
City/Zip	Date of Bir	Date of Birth		Telephone Number (Day) and/or Cellular Number		
Email Address (for program confirmat	ion and notifications; will not b	e given to any other	source) REQUIRED			
Activity	Location	Dov(a)	Deginning Date	Time	I Fee	
Activity	Location	Day(s)	Beginning Date	Time	ree	
		I		Non-resident fee		
* Parents: Check this box if your still stead assisting with your child's tead		oaching or		Non-resident fee TOTAL AMOUNT		
-	am	oaching or				
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Birth Cert.: On File Received Town Resident: Y N Paid \$_____ Check #__