

Hope Mountain Vaulters Clinic Registration Form
Please complete and Email Forms to: fearlessadventures3.16@gmail.com

Name: _____ DOB: _____

Address: _____ Phone: _____

_____ Email: _____

Emergency Contact Name: _____ Phone: _____

Approval to use pictures of you or minor for promotional and club related events: _____

Minor Name #1	AGE:
Minor Name #2	AGE:
Minor Name #3	AGE:

Please check all that apply: Maximum participants per class is 15

9am – 11am for Ages 2 years old to 9 years old

please note if this class is getting full I will ask for 8 year olds and 9 year olds to join the 12:30pm – 2:30pm class

12:30pm – 2:30pm for ages 10 years old to 14 years old

4pm – 6pm for ages 15 years old and Up

Cost is \$25. Per class per Participant. Bring cash or Check to Clinic or send to:

Ruthann Steere, 19273 Innes Market Rd. Bend, OR 97703

**Please have forms signed and sent no later than one week before Clinic via email or snail mail:
Must have Money in by date of clinic or on clinic day to participate, along with all forms signed.**

I _____, Understand the information above is valid and correct to the best of my abilities.

Print Name: _____ Date: _____

Legal signature of Guardian or Adult: _____

Date: _____