



**Intermediate/Advanced Junior Program Registration**

***Athlete Information***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Athlete Email: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Parent(s) Email Addresses: \_\_\_\_\_

Ph. # \_\_\_\_\_ Cell # \_\_\_\_\_

Do we have your permission to share your contact info on a program roster? Yes \_\_\_ No \_\_\_

**Please check the group program/s you are signing up for:**

- |                          |  |            |
|--------------------------|--|------------|
| <input type="checkbox"/> | Junior Program Year round (Including race wax)             | \$ 1500.00 |
| <input type="checkbox"/> | Junior Program Spring Transition session (April 23-May 27) | \$ 125.00  |
| <input type="checkbox"/> | Junior Program Summer only (June 1-Aug 17)                 | \$ 550.00  |
| <input type="checkbox"/> | Junior Program Fall Transition session (Oct 1-30)          | \$ 225.00  |
| <input type="checkbox"/> | Junior Program Fall/Winter (Aug 27-April 13)               | \$ 980.00  |

Total program/s fee: \$ \_\_\_\_\_

Credit Card Payment:                      Visa                      MasterCard                      Discover

Card Holder Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ V Code (last 3 digits on back of card): \_\_\_\_\_

Credit card billing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Signature: \_\_\_\_\_

**Please complete and fax to APUNSC at (907) 564-8943**