



**2008/2009 Development Junior Program Registration**

***Athlete Information***

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

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

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

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

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

Home Ph. # \_\_\_\_\_ Work Ph. # \_\_\_\_\_ Parent(s) Cell # \_\_\_\_\_

School (currently enrolled in) \_\_\_\_\_ Jacket size: \_\_\_\_\_ Racing suit size: \_\_\_\_\_

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"/> Year round (May 14 - April 10) | \$1150.00 |
| <input type="checkbox"/> Summer (May 14 - Aug 15)       | \$395.00  |
| <input type="checkbox"/> Fall (Aug 25 – Oct 31)         | \$295.00  |
| <input type="checkbox"/> Winter (Nov 3 - April 10)      | \$675.00  |

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**

**\*\*Payments must be sent in via fax, US mail, or hand delivered to the office.  
Coaches will no longer be accepting payments in parking lots during sessions.**

