

Registration Form

(Please Print)

Center/Family Provider: _____

Address: _____

E-mail address: _____ Phone: _____

Name of Participant	N.A.E.Y.C. Member	Friend of S.A.E.Y.C	Non-Member
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Total amount enclosed \$ _____