Sign Up Form

(The deadline for registration is August 31, 2016. After that date it will be an additional $25 per child)

__$200 _____
Child's Name Age

__$200_____
Child's Name Age

__$200_____
Child's Name Age

__$200_____
Child's Name Age

__$200 _ _____
Child's Name Age

(Mail with Payment to: 1117 Chesterwick Trace, Canton GA 30115. Make checks payable to Stephen Hudson.)

Parent/Guardian Name

_____

Address

_____

_____

Phone

_____

Email

_____

Method of Payment

____ Check ____ Bill me

____ Card ____ 2 or 3 equal payments (specify number of payments)

_____

Signature