

YEAR

**DISCOVERY CLUB
REGISTRATION FORM**
(Please Print)

Name: _____
Last First Middle

Date of Birth: _____

Street Address: _____

Mailing Address: _____

School: _____

Guardian (Name): _____ Relationship _____

Phone: (H) _____ (W) _____ (Fax) _____

Email: _____

Doctor: _____

Address _____

Phone: _____ Fax: _____

Allergies _____

Learning Disabilities: _____

**Emergency
Contact**

(person other than Guardian)

Name: _____

Telephone No: _____

PAYMENT RECORD

ITEM	COST	FOR BNT USE ONLY
Club Registration <ul style="list-style-type: none">BNT MembershipInsuranceClub t-shirtActivities BookletsSash	\$50	Level: _____
Club Cap (optional)	\$10	
TOTAL		

T-Shirt size: _____