

Participants Name		Date of Birth <i>(Youth only)</i>	
Address	City	State	ZIP
Daytime Phone	Home Phone	E-mail Address	
Special Need(s)	T-shirt size, if applicable: <input type="radio"/> Med <input type="radio"/> Lrg <input type="radio"/> Other		

Please select method of payment

Cash or money order

Check made payable to City of Grove City

MasterCard Visa

Acct. Number Exp. Date

Program	Program Number	Day/Time	Fee

The City of Grove City reserves the right to photograph program and event participants for publicity purposes. Please be aware that these photos and videos may be used in future catalogs, brochures, pamphlets or electronic public relations pieces such as the Grove City website.

TOTAL \$ _____