



2011 Participant Registration Form

Details are presented on our website: www.thebriighthouse.com

Today's Date _____

School / Organization _____

Student Name _____ Goes By _____

Date of Birth _____ Present Age _____

Parent / Guardian Names _____

Home Address _____

City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____

Email _____

Allergies? _____ Medication? _____

Permission to use photo for promotional purposes without name: Yes No Signature: _____

How did you hear about us? _____

Office Use

Session One Dates: _____

Date Paid _____

Session One Fee: \$ _____

Ck# _____

Session Two Dates: _____

Date Paid _____

Session Two Fee: \$ _____

Ck# _____

Session Three Dates: _____

Date Paid _____

Session Three Fee: \$ _____

Ck# _____