

WRRFC

REGISTRATION FORM



NAME (PARENT) _____

ADDRESS _____

CITY _____ ZIP _____ PHONE # _____

EMAIL _____

CHILDREN

NAME _____ AGE _____ BIRTHDAY _____

NAME _____ AGE _____ BIRTHDAY _____

NAME _____ AGE _____ BIRTHDAY _____

NAME _____ AGE _____ BIRTHDAY _____

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NAME	CLASS	DAY	TIME	START DATE	MEMBER FEE	NON-MEMBER FEE	TOTAL

Ask about our 10% sibling discount



WESTERN RESERVE RACQUET AND FITNESS CLUB

11013 Aurora Hudson Rd, Streetsboro, OH 44241 WWW.WRRFC.COM

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II

NAME	CLASS	DAY	TIME	START DATE	MEMBER FEE	NON-MEMBER FEE	TOTAL

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III

NAME	CLASS	DAY	TIME	START DATE	MEMBER FEE	NON-MEMBER FEE	TOTAL