

Registration

FAX/MAIL-IN REGISTRATION FORM

Program Information (Registration requires membership be valid through entire session)

Membership Type: Triangle Swim Program
Class # _____ Class Name _____
Member Name _____
Birth Date _____ M F
Address _____

Home Phone _____
Emergency Phone _____

Member Information (if new or renewing). Children under age 3 are covered by a parent's membership.

Type of Membership:
 Triangle (Family) Triangle (Individual) Program
 Swim (Family) Swim (Individual Adult)

Name _____ birth date _____
Name _____ birth date _____
Name _____ birth date _____
Name _____ birth date _____

Fees Enclosed (No one will be denied participation because of financial need.)

Membership Fee (if not current) \$ _____
Program Fee(s) \$ _____
Total Enclosed \$ _____

Please indicate method of payment:

Check (\$20 fee for returned checks)
 Visa American Express MasterCard

Credit Card #: _____
Expiration Date: _____
Name on Card: _____

ALL FEES ARE NON-REFUNDABLE & NON-TRANSFERABLE
PLEASE DETACH FORM AND RETURN WITH PAYMENT TO:

Phone: (201) 444-5600
Fax: (201) 493-0606

Ridgewood YMCA Program Office
112 Oak Street, Ridgewood, NJ 07450-2596

Support the YMCA Good Works Program

Consider adding a tax-deductible donation to your membership or program registration and help the YMCA build strong kids, strong families, strong communities. When you contribute to the United Way through your employer designate all or part of your contribution to the Ridgewood YMCA Bergen County United Way #001003.