

VCRC Karate E Re-enrollment form m

Please complete a separate form for each individual

Name of participant _____ Parent of participant _____

_____ Phone _____

TOTAL AMOUNT PAYING \$ _____

✓ what you are paying for and dollar amounts, for all that apply

_____ Karate Fee - \$ _____

_____ 3 Month Fee - \$ _____

_____ Late Fee - \$10.00

_____ Out-Of-District Fee - \$5.00

(if registering after the deadline date)

(Out of USD #262 and is per person per month)

_____ Medical Needs (i.e. Asthma or diabetes) _____

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Please complete a separate form for each individual

Name of participant _____ Parent of participant _____

_____ Phone _____

TOTAL AMOUNT PAYING \$ _____

✓ what you are paying for and dollar amounts, for all that apply

_____ Karate Fee - \$ _____

_____ 3 Month Fee - \$ _____

_____ Late Fee - \$10.00

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