

VCRC KARATE



RE-ENROLLMENT FORM



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**

(if registering after the deadline date)

_____ **OUT-OF-DISTRICT FEE - \$5.00**

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

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