



REGISTRATION FORM

Program name/course number _____

Child's Name: _____

Child's Age: _____ Child's Date of Birth: _____ Grade: _____

Mother's Name: _____

Father's Name: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

In case of an emergency, I hereby allow the JCC to seek appropriate medical attention.

Total amount enclosed \$ _____

Payment by: Visa MasterCard Amex

Please make checks payable to the JCC of Central NJ.

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Cardholder Signature: _____

Cardholder Name: _____

Street Address: _____

City: _____ Zip: _____

E-mail Address: _____

Parent's Signature: _____ Date: _____

Preferred practice night _____

Please note, this does not guarantee your practice day.

Shirt Size (Circle one): YS YM YL AS AM AL AXL

Please return with your payment to the JCC of Central NJ, Wilf Jewish Community Campus,
1391 Martine Avenue, Scotch Plains, NJ 07076 www.jccnj.org Tel: 908-889-8800 Fax: 908-889-4070

Questions? Contact Gary Schaefer, Sports League Director at 908-889-8800 x 281 or gschaefer@jccnj.org