Registration Form

☐ Dover Resident

☐ Non-Resident



						Secretary and the Secretary an	
Adult or Responsible Part	y Information						
Last Name				First Name			Middle Initial
Mailing Address			K	City		State	Zip
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Phone	Cell()	V		Emergency Contact		t. (if any)	Relationship: Cell:
H()					LA	c. (II ally)	Cell.
PARTICIPANT INFOR Please fill in the information each person you are regis	on below for	1	ail: (Very Imp t Clearly	ortant)			
each person you are regis	ternig						AMANUAL INC.
Last Name	First Nam	ie	Middle Initia	I DOB-Mo/Day/Yr.	Age	Gender	Grade in Sept. 2016
Please fill in the informat	ion below for ea	ach per	son you are regis				
Last Name	First Nam	ie	Middle Initia	I DOB-Mo/Day/Yr.	Age	Gender	Grade in Sept. 2016
	2						
Please fill in the informati	on below for ea	ch pers	son you are regis	tering			
Last Name	First Nam	е	Middle Initia	I DOB-Mo/Day/Yr.	Age	Gender	Grade in Sept. 2016
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