NEW CARROLLTON BOYS AND GIRLS CLUB
P.O. BOX 2581 NEW CARROLLTON, MD 20784 (301) 474-4125
REGISTRATION FORM

PLEASE PRINT CLEARLY

CHILDS NAME:

LEGAL ADDRESS:

AGE: **DATE OF BIRTH:** **PHONE #**

MOTHER/LEGAL GUARDIANS NAME: **PHONE #**

ADDRESS (IF DIFFERENT):

MOTHER/LEGAL GUARDIAN EMAIL ADDRESS:

FATHERS NAME: **PHONE #**

ADDRESS (IF DIFFERENT):

FATHERS EMAIL ADDRESS:

The **NCBG Club** is a volunteer-run organization and it is dependant on parent participation in order to be successful.
Parents are **REQUIRED** to:
1. Serve on the Board of Directors **or** be an active participant of a committee.**see attached committee sheet**
(You can pay a **$35.00** Family involvement surcharge to cover this commitment)
2. Participate in fundraising activities
(You can pay a **$50.00** fee to cover this commitment)

I HAVE READ AND UNDERSTAND MY COMMITMENT TO NCBG CLUB ( )INITIAL

**********THERE WILL BE $35.00 FEE FOR ALL RETURNED CHECKS**********

I choose to pay the $35.00 Family Involvement surcharge( ) I choose to pay the $50.00 fundraising surcharge( )

FOR OFFICE USE ONLY

New to the Club? (Y/N)_____

If yes, needs the following:

White card_____ Birth Certificate copy_____ Picture_____ Signed yellow card_____

Registration fee (from reverse side) $_____

Family Involvement waiver fee $_____

Fundraising waiver donation $_____

TOTAL AMT DUE $_____ ***TOTAL AMT RECEIVED*** $_____

MO OR CHECK # _____ ***RECEIVED :*** _____