

Thinkadink Fall 2007 Registration

Parent Name(s):	_____
Address:	_____
City, State:	_____
Zip:	_____
Home Phone:	_____
Work Phone:	_____
Cell Phone:	_____
E-mail:	_____

Number of children:	_____
Child #1 Name:	_____
Birthdate:	_____
Age:	_____
Child #2 Name:	_____
Birthdate:	_____
Age:	_____
Child #3 Name:	_____
Birthdate:	_____
Age:	_____

Class Day:	_____	Time:	_____
Tuition total:	_____		

Please make check payable to: "USC Recreation"

Return registration by mail or in person to:
Recreation Department, Municipal Building
1820 McLaughlin Run Road
Upper St. Clair, PA 15241