

___ Mail-in Pre-Reg., Date _____

Number Received _____

___ Registered @ Aug 4th PTB Meeting

___ Registration Date _____

Service Commitment Form 2008/09

Name: _____ Phone: _____
Last First Home Cell

Address: _____

Names and Ages of Children: _____

Hours your family is at CHAMPs _____ to _____

Classes your children are taking: _____

Mandatory Uncompensated Service

First Choice: Position _____ Time _____

Second Choice: Position _____ Time _____

Additional Uncompensated Service (for those families with 2 or more classes)

First Choice: Position _____ Time _____

Second Choice: Position _____ Time _____

Optional Compensated Service (Check as desired)

___ Class Assistant* Class Name _____ Time _____

___ Set-Up Team

___ Tear-Down Team

***Please Note-Class Assistants will be chosen by the instructors from the pool of interested parents.**

