"MOM"BERSHIP GROUP REGISTRATION

MOONBOUNCE ADVENTURES.com

Form must be completely filled out

ORGANIZATION'S OFFICIAL NAME:_____

PRESIDENT

NAME: _____

ADDRESS: _____
_____

PHONE #: _____**ALT PHONE #:** _____

EMAIL ADDRESS:
_____

DESIGNATED COORDINATOR:

NAME: _____

ADDRESS: _____
_____

PHONE #: _____**ALT PHONE #:** _____

EMAIL ADDRESS:
_____

JOINING IS EASY

- *Spread the word to your membership*
- *Have Parents complete a form for each child* ***(Minimum of 10 children per group.)***
- *To ensure that your group gets credit, all forms must be submitted at the same time*
- *List all of the children from your group who are participating*
- *To avoid confusion all forms for your group must be submitted by the Group Coordinator at the same time*
- *Collect payments*
- *Bring this form and each form (with payment) for each child*
- *Cards will be ready for pick up within 2 business days*
- *Come and PLAY*

PLEASE PRINT AND ATTACH A COPY OF EACH REGISTRATION FORM

Parent's Name	Child's Name (One per line)	Method Of Payment

Cards issued DATE___ MBA Initials___Group Coordinator Initials___ Monies Reconciled _____

Start Date **End Date**

TERM _____ **to** _____

(Initials of Coordinator_____) (Initial of Moonbounce/Boomers Rep_____)

Term begin and run days from date issue