GLSA Rec Plus Program Spring 2020

Program Regis	tration Form					
Name:						
Address:	City_		Zip C	ode		
Phone:	Birthday:/	/ Age:				
Grade:	Gender:	_				
Email Address				_(Must com	plete for confirma	tion)
School for Spring	2020:					
I agree to submit	a signed medical release					
		Parent Sig	gnature			
	GLSA REC PLUS-2 ND Grade	\$160.00				
	GLSA REC PLUS-1 ST Grade	\$160.00				
	GLSA REC PLUS-Kindergarten	\$80.00				
Check #:Account Number_	able to: Greater Libertyville Soci	(MasterCa	,			
	•					
Exp Date	/ Char	ge Amount S	\$		_	
Authorized Signat	ture					

Registration forms can be found on the GLSA website, <u>www.glsa.org</u> or at the GLSA office, 30080 Technology Way, Libertyville, IL 60048. Please contact Gina Wessel <u>gwessel@glsa.org</u> for more information or questions