

Northwestern CT YMCA

259 Prospect Street
Torrington, CT 06790
Phone (860) 489-3133
Fax (860) 482-4853

New Registration!

Walk it in, Mail it in, or Fax it in!

Please be sure to fill out this form completely.
Registrations are processed on a first come, first served basis. You may register up to three

Household Information

Family Name: _____
Address: _____
Town: _____ State: _____ Zip _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

***When signing up for a class, the participant must be a facility member to receive the discounted price or must pay the program member price. All fees are listed with their appropriate class.**

Participant #1 Information

(Due to limited enrollment, please indicate 1st, 2nd, 3rd choice for programs).

Participant Name: _____ Date of Birth: _____ Age: _____ M/F: _____ Grade: _____

Program	Location	Day	Time	Choice	Session	Program Fee
				1st		
				2nd		
				3rd		

Participant #2 Information

Participant Name: _____ Date of Birth: _____ Age: _____ M/F: _____ Grade: _____

Program	Location	Day	Time	Choice	Session	Program Fee
				1st		
				2nd		
				3rd		

Participant #3 Information

Participant Name: _____ Date of Birth: _____ Age: _____ M/F: _____ Grade: _____

Program	Location	Day	Time	Choice	Session	Program Fee
				1st		
				2nd		
				3rd		

Payment Information

Total Program Fees: \$ _____
Less YMCA Credit - _____
(attach credit slip)
TOTAL FEE PAID: \$ _____

Method of Payment

Cash Personal Check Visa Mastercard Discover
Credit/Debit Card #: _____
Exp. Date: _____
SIGNATURE: _____ Date: _____

OFFICE USE ONLY

Date Received	Date Entered	Receipt Number	Member #	Staff Initials

Method Registration was received: Walk-in Mail Fax