

**SPORTS ACTIVITY REGISTRATION
BOYS & GIRLS CLUB OF CLIFTON
2021 FALL SEASON**

CLUB USE ONLY	
Payment	_____
Receipt #	_____
Memb Exp.	_____
Member #:	_____

Last Name _____ First _____ M.I _____

Male Female

Address _____ Date of Birth _____ Age _____

City _____ Zip _____ Home# _____ Cell # _____

Email Address _____

ACTIVITY (PLEASE CHECK APPROPRIATE BOX)

Basketball Clinic
3rd & 4th Grade _____
5th & 6th Grade _____
7th & 8th Grade _____

Fall Soccer Clinic
2nd-3rd Grade _____
4th-6th Grade _____

Volleyball (Coed)
Grades 3rd-5th _____
Grades 6th-8th _____

Please bring this completed Registration Form with payment to the Front Desk at the Boys & Girls Club of Clifton, 181 Colfax Ave., Clifton NJ 07013