

RBCMFAC Registration

Name

Phone

Email

Student name(s) and age(s):

---

---

---

---

---

---

---

---

Please let us know of any allergies:

---

I agree that my family will follow the code of conduct, and I have a copy of the contract between RBCM and Victory on the Frontline.

Signed

---

Printed

---

Date

---

Term Fee: \$25 per family per year

---

Paid by:

---

Term: Year: 2018-9

---

