



REGISTRATION APPLICATION

School Year: _____

Parents' Names: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____ County: _____

Email: _____ Phone: _____

Church Home: _____

CHILDREN TO BE REGISTERED (continue on back if needed)

STUDENT NAME	GRADE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signing this form I agree to abide by all Severn Run Umbrella requirements and policies. I acknowledge that most correspondence will be through email and that if I do not provide an email address I may miss some information.

Signature _____ Date _____

Please mail: (1) this application, (2) a textbooks and lesson materials form for each student to be registered, (3) and the \$50 membership fee to: Severn Run Umbrella, 1624 Millersville Road, Millersville, MD 21108.