

Registration Form



Registration for events and classes available on-line*, by mail-in form or by phone

(use this form for any Frozen Ropes event registration)
(some events may not be available for on-line registration)

Player's Name _____ Date of Birth _____

Address _____ Parent(s) Name _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Class/Event title, day & time _____

Session# (if applicable) _____ Total Payment \$ _____

Visa () Mastercard () Discover ()

Credit Card #: _____ Exp. Date _____

Make checks payable to and mail to: Frozen Ropes, 14 Tech Circle Natick, MA 01760

Tel: (508) 653-7673 Fax: (508) 653-0733 www.frozenropes.com/natick

Email: natick@frozenropes.com

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