



OXFORD-ADDISON YOUTH ASSISTANCE REGISTRATION FORM

Today's Date: _____

Program/Activity Name: _____

Contact Information:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Number of people attending: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Program/Activity Fee (if applicable): _____

If you should have any questions, please contact us at (248)969-5187 or

renee.lazoen@oxfordschools.org