



## P.A.S.E. REGISTRATION FORM

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name:

Mother's Name:

Father's Cell:

Mother's Cell:

Father's Email:

Mother's Email:

Children's Names:

Children's Grades:

**Dues: \$40.00/Family**

Check (made payable to "PASE") \_\_\_\_\_

Check No. \_\_\_\_\_

Cash \_\_\_\_\_

**PLEASE SEND IN FORM AND CHECK**

**ATTN: MARY ELLEN RAGUSA, PASE TREASURER**

**THANK YOU!**