



SAVE MY SPOT

If your child or children will be in **grades 1st-5th** and plan to attend the Boys & Girls Club of the Bemidji Area in the 2018-2019 school year, **you must complete this form by June 12 to reserve a spot.**

You will be notified by July 15 if a spot at the Club is available for your child or children for the 2018-2019 school year.

Priority will be given to current Club members based on frequency of attendance in the last nine months.

Submitting this form does not guarantee a spot.

IMPORTANT: Transportation will not be available from Lincoln school next year but will be available from Gene Dillon.

Transportation options include: JW Smith – supervised walking • Central – walk, Club van, or Paul Bunyan Transit • Gene Dillon – direct route on school bus • Schoolcraft, Bemidji Middle School, Bemidji High School – school bus route to JW Smith • All other schools – no Club transportation unless provided by parent/guardian

ADULT

PARENT/GUARDIAN FULL NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

CHILD ONE

CHILD FULL NAME: _____ AGE: _____ MEMBER IN 2017/2018: yes no

Please select correct school and grade for the **2018/2019** school year:

JW SMITH:	CENTRAL:	GENE DILLON:	SCHOOLCRAFT:	OTHER: _____
<input type="checkbox"/> 1 st	<input type="checkbox"/> 1 st	<input type="checkbox"/> 4 th	<input type="checkbox"/> 1 st <input type="checkbox"/> 4 th	<input type="checkbox"/> 1 st <input type="checkbox"/> 4 th <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th
<input type="checkbox"/> 2 nd	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 5 th	<input type="checkbox"/> 2 nd <input type="checkbox"/> 5 th	<input type="checkbox"/> 2 nd <input type="checkbox"/> 5 th <input type="checkbox"/> 8 th <input type="checkbox"/> 11 th
<input type="checkbox"/> 3 rd	<input type="checkbox"/> 3 rd		<input type="checkbox"/> 3 rd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 6 th <input type="checkbox"/> 9 th <input type="checkbox"/> 12 th

CHILD TWO

CHILD FULL NAME: _____ AGE: _____ MEMBER IN 2017/2018: yes no

Please select correct school and grade for the **2018/2019** school year:

JW SMITH:	CENTRAL:	GENE DILLON:	SCHOOLCRAFT:	OTHER: _____
<input type="checkbox"/> 1 st	<input type="checkbox"/> 1 st	<input type="checkbox"/> 4 th	<input type="checkbox"/> 1 st <input type="checkbox"/> 4 th	<input type="checkbox"/> 1 st <input type="checkbox"/> 4 th <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th
<input type="checkbox"/> 2 nd	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 5 th	<input type="checkbox"/> 2 nd <input type="checkbox"/> 5 th	<input type="checkbox"/> 2 nd <input type="checkbox"/> 5 th <input type="checkbox"/> 8 th <input type="checkbox"/> 11 th
<input type="checkbox"/> 3 rd	<input type="checkbox"/> 3 rd		<input type="checkbox"/> 3 rd	<input type="checkbox"/> 3 rd <input type="checkbox"/> 6 th <input type="checkbox"/> 9 th <input type="checkbox"/> 12 th

For families with more than two children please take multiple forms and staple together.

RETURN FORMS TO:
Mailing: PO Box 191 • Bemidji, MN 56619
Physical: 1600 Minnesota Avenue • Bemidji, MN 56601
Email: bgcba.memberservices@gmail.com

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