



After School Adventures 2009-2010 Registration Form

Please complete one form per family.

Student's Name _____

Grade _____ Teacher _____

Student's Name _____

Grade _____ Teacher _____

Student's Name _____

Grade _____ Teacher _____

Please complete the following information.

Student Name	Class Name	Day	Fee

Please check one:

- Please bill my school account.
- I have enclosed a check (payable to TCASA).
- I will pay in the front office with cash or credit card.

TOTAL _____

Please visit www.topekacollegiate.org for more information including current events and class offerings.