

DRAMA			
Ages 10+	Tuesdays	5:30-6:30	Sept 12, 19, 26 Oct 3, 10, 17

SOCCER			
Ages 5-7	Wednesdays	5:30-6:30	Sept 13, 20, 27 Oct 4, 11, 18
Ages 8-12		5:30-6:30	
Ages 13-18		6:30-7:30	
Ages 19+		6:30-7:30	

FISHING			
All Ages	Thursdays	5:30-6:00	Sept 14, 21, 28 Oct 5, 12, 19
		6:00-6:30	
		6:30-7:00	
		7:00-7:30	

SOCIAL CLUBS				
Ages 15+	Fridays	6:00-9:00pm	\$15	Sept 8, Oct 6, Nov 3, Dec 1

PLEASE NOTE: Time and sessions may be changed based on registrations.
 Please register by deadlines to avoid \$10 late fee.

See website at www.TaskSports.org for program descriptions.



Remember: If inclement weather occurs (snow/ice, rain or heat etc.) call the weather line at 636.343.8275, watch KSDK alerts or sign up for text notifications (at events).

To sign up for alerts send the text "@TASKNEWS" to #22828

DRAMA	SOCCER	FISHING	SOCIAL CLUB	
Fee: \$60 Tuesdays <input type="checkbox"/> Ages: 10+	Fee: \$60 Wednesdays <input type="checkbox"/> Ages: 5-7 <input type="checkbox"/> Ages: 8-12 <input type="checkbox"/> Ages: 13-18 <input type="checkbox"/> Ages: 19+	Fee: \$60 Thursdays <input type="checkbox"/> 5:30-6:00 <input type="checkbox"/> 6:00-6:30 <input type="checkbox"/> 6:30-7:00 <input type="checkbox"/> 7:00-7:30	Fee: \$15 Fridays Ages 15+ <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	

REGISTRATION CLOSSES SEPTEMBER 7 (AFTER DEADLINE A \$10 LATE FEE APPLIES)

- I have attached my 2017 TASK Application
- I have filled out my 2017 TASK Application on line
- I have already turned in a 2017 Application

Participant's First Name _____ **Participant's Last Name** _____

Birth Date _____ **Age** _____ **Gender** Male Female

Shirt Size: CS CM CL AS AM AL AXL A2XL A3XL

PAYMENT TYPE:

Choose a payment option:

- I have enclosed my payment. (Checks payable to TASK)
- Bill my credit card \$ _____ (MasterCard, Visa, and Discover).

Credit Card Only

For Credit Card			
Card Type	Card Number	Expires (MM/YY)	
<input type="checkbox"/> Visa	_____ - _____ - _____ - _____	_____ / _____	
<input type="checkbox"/> MasterCard			
<input type="checkbox"/> Discover	Cardholder's Signature _____	Date _____	Zip _____

OFFICE USE ONLY				
Date Rec'd _____	Amount _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
			#	