



Limitless OPPORTUNITIES
FOR SPECIAL PEOPLE

2018 TASK WINTER II REGISTRATION
FORM

2018 TASK WINTER SESSION II ACTIVITIES

HEALTHY LIVING			
Ages: 5-7 and 8-12	Tuesdays	5:30-6:30	Feb 20, 27, Mar 6, 13, 20, 27
Ages 13-18 and 19+	Tuesdays	6:30-7:30	

FLOOR HOCKEY			
Ages: 8-16	Wednesdays	5:30-6:30	Feb 21, 28 Mar 7, 14, 21, 28
Ages 17+	Wednesdays	6:30-7:30	

TRACK & FIELD			
Ages: 5-7 and 8-12	Thursday	5:30-6:30	Feb 22, Mar 1, 8, 15, 22, 29
Ages 13-18 and 19+	Thursday	6:30-7:30	

SOCIAL CLUBS				
Ages 15+	Fridays	6:00-9:00pm	\$15	Mar 2, Apr 6, May 4

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.TASK (8275), watch KSDK alerts or sign up for text notifications (at events).

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



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2018 TASK WINTER II REGISTRATION
FORM

HEALTHY LIVING

Fee: \$60
Tuesdays

Ages: 5-7
 Ages: 8-12
 Ages: 13-18
 Ages: 19+

FLOOR HOCKEY

Fee: \$60
Wednesdays

Ages: 8-16
 Ages: 17+

TRACK & FIELD

Fee: \$60
Thursdays

Ages: 5-7
 Ages: 8-12
 Ages: 13-18
 Ages: 19+

SOCIAL CLUB 15+

Fee: \$15
Fridays

March
 April
 May

REGISTRATION CLOSING FEB 13 (AFTER DEADLINE A \$10 LATE FEE APPLIES)

- I have attached my 2018 TASK Application
- I have filled out my 2018 TASK Application on line
- I have already turned in a 2018 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 _____ Cash Check # Credit Card