



Single Person Registration Form  
*Please Print Clearly*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Township:

- City of South Lyon       Lyon Township  
 Green Oak Township       Other

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How would you like to receive our newsletter?  Mail  Email  Both

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Internal Use Only*

Tag #: \_\_\_\_\_

Staff Initials \_\_\_\_\_