



**City of Grosse Pointe Woods
Parks and Recreation**

**MAIL-IN REGISTRATION FORM
Mother Son Event**

Family Last Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 E-mail address: _____ Cell Phone: _____

Saturday, February 27, 2010

Please Circle the time you are attending

10 am (2-5 years old)

1 pm (8-10 years old)

Son's name(s) _____

Mother's name _____

of participants (son(s) + mother) _____ x \$4= _____ Grosse Pointe Woods Resident

_____ x \$5= _____ Non-resident

Please place in white mail box in front of city hall.

Or mail to:

**City of Grosse Pointe Woods
Attn: Mother Son Event
20025 Mack Plaza
Grosse Pointe Woods, MI
48236**