

# REGISTRATION

- Registration will begin on May 1, 2010.
- Complete one form per participant. Be sure to sign and date the bottom of each form
- Registration forms are accepted only with full payment and as space permits
- Spaces will not be held without payment
- No registration will be accepted at the program location
- NO NEWS IS GOOD NEWS!!! Report to the program as scheduled unless you are contacted by the Parks & Recreation Department because:
  1. Class is cancelled
  2. Class is full
  3. There is a change in program information

**REFUND POLICY:**

Refunds are subject to a fee of 50% of the program cost and must be requested in writing at least **7 DAYS** prior to the start of a class or program. For trips/special events, refunds will be given only if the registered participant finds a replacement. There will be no refunds issued after a class or program has begun.

*The Township reserves the right to cancel any program, trip, or activity due to insufficient registration. A full refund will be issued.*

✂ CUT HERE

## LOWER PROVIDENCE PARKS & RECREATION 2010 SPRING/SUMMER REGISTRATION

Register online at [www.lowerprovidence.org/parks\\_recreation.htm](http://www.lowerprovidence.org/parks_recreation.htm)

Participant Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_ Grade (2009 – 2010 school year): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Resident: \_\_\_\_\_ Non Resident: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

PROGRAM NAME	DAY/DATES	TIME	FEE

\* IF THE PARTICIPANT IS UNDER THE AGE OF 18, PLEASE PROVIDE THE FOLLOWING PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PAYMENT INFORMATION**

Please circle:    CASH                      CHECK Ck# \_\_\_\_\_                      VISA                      MASTERCARD

Card #: \_\_\_\_\_                      Expiration Month & Year: \_\_\_\_\_                      CVV2 #: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_