

Huron East Parks and Recreation
 Registration Form
Adult Contact (person responsible for this account)

| | | | |
|----------|-----------------|------------|--------------|
| A | First Name: | Last Name: | |
| D | Address | | 911# |
| U | Town/Township | | Postal Code: |
| L | Phone # | Work # | Alternate # |
| T | E-mail Address: | | |

| | Participant #1 | Participant #2 | Participant #3 |
|----------|-------------------------|-------------------------|-------------------------|
| A | First Name: | First Name: | First Name: |
| R | Last Name: | Last Name: | Last Name: |
| T | Age: | Age: | Age: |
| I | Male ___ Female ___ | Male ___ Female ___ | Male ___ Female ___ |
| C | Special Needs: | Special Needs: | Special Needs: |
| I | | | |
| P | Program Registered for: | Program Registered for: | Program Registered for: |
| A | | | |
| N | Total Cost: | Total Cost: | Total Cost: |
| T | | | |

| | Session/Program | Class time: | Session/Program | Class time: | Session/Program | Class time: |
|----------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| H | | | | | | |
| O | 1 | | 1 | | 1 | |
| I | 2 | | 2 | | 2 | |
| C | 3 | | 3 | | 3 | |
| E | 4 | | 4 | | 4 | |

| | | | |
|----------|----------------------|----|--|
| P | Registration Fee | \$ | |
| A | Registration Fee | \$ | |
| Y | Registration Fee | \$ | |
| M | Total Payment | \$ | |

| | | |
|----------|--------|--|
| E | | |
| N | Cash | |
| T | Cheque | |

| For Office Use only | |
|---------------------|--|
| Entered: Date | |
| Confirmed: Date | |
| Notes | |
| Staff Initials | |

Registration Fees are made to individual facility and can be dropped off or mailed to:

| | | |
|--|---|--|
| Vanastra Rec. Centre 26 Toronto Blvd. Vanastra, ON N0M 1L0 519-482-3544 | BMG Community Centre 800 Sport Dr. Box 209 Brussels, ON N0G 1H0 519-887-6621 | Seaforth & District Community Centre 122 Duke St. Box 939 Seaforth, ON N0K 1W0 519-527-1272 |
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