



# PARKS AND RECREATION REGISTRATION FORM

## Adult Contact (person responsible for this account)

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

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

<b>H</b>	Session / Day	Level
<b>O</b>	1	
<b>I</b>	2	
<b>C</b>	3	
<b>E</b>	4	

<b>H</b>	Session / Day	Level
<b>O</b>	1	
<b>I</b>	2	
<b>C</b>	3	
<b>E</b>	4	

<b>H</b>	Session / Day	Level
<b>O</b>	1	
<b>I</b>	2	
<b>C</b>	3	
<b>E</b>	4	

<b>P</b>	Registration Fee	\$
<b>A</b>	Registration Fee	\$
<b>Y</b>	Registration Fee	\$
<b>M</b>	<b>Total Payment</b>	\$

<b>E</b>	<b>For Office Use only</b>
<b>N</b>	Entered: Date
<b>T</b>	Confirmed: Date
<b>E</b>	Notes
<b>N</b>	
<b>T</b>	Staff Initials

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

Vanastra Rec Centre 26 Toronto Blvd. Vanastra, N0M 1L0 519-482-3544	BMG Community Centre 800 Sport Dr. Box 209 Brussels, N0G 1H0 519-887-6621	Seaford Community Centre 122 Duke St. Box 939 Seaford, N0K 1W0 519-527-1272
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(Post Dated Cheques will not be accepted)

## This form is for Recreation Centre Activities