

ACTIVITY REGISTRATION FORM

Last Name _____ First Name _____

Street Address _____

Town/Village _____ State/Zip code _____

Home Telephone _____ Cell Phone _____

Emergency Contact _____ Emergency Phone _____

Email _____

- | | | | GENDER | |
|----|-------------------|-------------------------|-----------|---|
| | | | M | F |
| 1. | Participant _____ | DOB _____ | | |
| | Session _____ | Class Name / Time _____ | Fee _____ | |
| 2. | Participant _____ | DOB _____ | | |
| | Session _____ | Class Name / Time _____ | Fee _____ | |
| 3. | Participant _____ | DOB _____ | | |
| | Session _____ | Class Name / Time _____ | Fee _____ | |
| 4. | Participant _____ | DOB _____ | | |
| | Session _____ | Class Name / Time _____ | Fee _____ | |
| 5. | Participant _____ | DOB _____ | | |
| | Session _____ | Class Name / Time _____ | Fee _____ | |
| 6. | Participant _____ | DOB _____ | | |
| | Session _____ | Class Name / Time _____ | Fee _____ | |

TOTAL DUE \$ _____

Please check registration dates for your program selections. Enrollments received earlier than the session registration date will be returned to you.

Make checks payable to: Town of Ramapo
(There will be a \$20 fee imposed on all checks returned by a bank for any reason.)

The Town of Ramapo does not offer accident insurance and my personal insurance bears primary responsibility in case of accident. I authorize the use of photos for promotional purposes.

Signature _____ Date _____
(Required)