

# 2018 Facility & Activity Registration Form

3 Palisades Credit Union Park Drive • Pomona, NY 10970  
 Phone: (845) 357-6100 Fax: (845) 357-6184



<b>Name:</b>	Last:	First:
<b>Full Address:</b>	Street:	City, State, Zip:
<b>Phone #s:</b>	Home: (    )	Cell: (    )
<b>Email:</b>		
<b>Emergency Contact:</b>	Name:	Phone: (    )

## Pool & Tennis Membership

Cardholder's Name	Date of Birth	Gender	Pool	Tennis	Fee

## Swimming & Tennis Instruction

Participant's Name	Date of Birth	Gender	Class Name	Code/Sec	Fee

Makes checks payable to: **Town of Ramapo**

**Total Fees:** \_\_\_\_\_

There will be a \$20 fee imposed on all checks returned by the bank for any reason.

There are no membership refunds once a facility has opened or activity refunds once program has begun.

**Authorization:** The Town of Ramapo does not offer accident insurance and my personal insurance bear's primary responsibility in case of an accident. I authorize the use of photos for promotional purposes.

\_\_\_\_\_  
**Signature** (required):

\_\_\_\_\_  
**Date:**