



MONTGOMERY RECREATION DEPARTMENT REGISTRATION FORM

Adult/Parent Name	Home Phone	Cell/Work #
Street Address	City	State Zip Code
Email Address	Emergency Contact Name	Cell/Work #

Participant 1: _____ Male/Female _____
 Name (circle one) Grade Age T-Shirt Size
 (if applicable)

Program	Date(s)	Location	Fee \$ _____
---------	---------	----------	--------------

Program	Date(s)	Location	Fee \$ _____
---------	---------	----------	--------------

Participant 2: _____ Male/Female _____
 Name (circle one) Grade Age T-Shirt Size
 (if applicable)

Program	Date(s)	Location	Fee \$ _____
---------	---------	----------	--------------

Program	Date(s)	Location	Fee \$ _____
---------	---------	----------	--------------

Checks are payable to: Montgomery Recreation Department
 356 Skillman Road
 Skillman NJ 08558
 609-466-3023

Total Due \$ _____
 Amount Paid \$ _____ Check # _____

I understand I will NOT receive a refund or credit for any class/program/trip unless it is cancelled by the Recreation Department.

Signature **Date**

*Note: Please make out separate checks for trips & any other classes that require separate payment. All non-residents must pay an additional out of town fee per program. Senior Citizens (55+) may take 10% off Adult School Classes, this does not include trips. **If paying by credit card, I authorize the recreation staff to enter my cc information.** _____*