MARCH BREAK RECREATION PROGRAM
REGISTRATION FORM
MARCH 15TH – 19TH

CONTACT INFORMATION

LAST NAME: _____FIRST NAME:_____

DATE OF BIRTH (yy/mm/dd) _____

MAILING ADDRESS: _____

_____

TELEPHONE #: ( ) _____ E-MAIL: _____

ADULT CONTACT & TELEPHONE # _____

ALLERGIES/ HEALTH CONCERNS/ SPECIAL REQUESTS

_____
_____
_____

DAY CAMP
(MONDAY – FRIDAY 9:00am – 4:00 pm)

Ages: 4 – 7 ____ $ 25.00/day X _____ days (Monday, Tuesday, Wednesday, Thursday, Friday)
____ $ 100.00/ week
Ages 8 – 11 ____$ 25.00/day X _____ days (Monday, Tuesday, Wednesday, Thursday, Friday)
____ $ 100.00/week

I authorize use of any photo taken during the above programs. The Lucknow & District Sports Complex and the Lucknow & District Joint Recreation Board shall not be held responsible for any injury, damage, or loss of personal property, however caused whether on or off the premises and shall be released from all claims.

_____

SIGNATURE OF PARENT/GUARDIAN DATE

Completed forms can be dropped off with the Lucknow Sports Complex Staff or the Tourism Office Mon – Fri 9:00 am – 4:00pm

DEADLINES FOR REGISTRATION IS MARCH 5TH,2010

Availability of programs depends on number of registrants.

PAID_____