PROGRAM REGISTRATION FORM

***OR* Register On-Line instead at www.needhamma.gov/parkandrecreation!**

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**** SEE REGISTRATION POLICIES ON PAGES 4 & 5 OF BROCHURE!! ****

PLEASE PRINT CLEARLY, IN BLUE OR BLACK INK!

Your Name: _____ **Date:** / /
LAST **FIRST**

Address: _____
TOWN **STATE/ ZIP**

Work Phone:(___)_____ Home Phone:(___)_____ Cell Phone:(___)_____

E-Mail Address:_____ ***(Including your e-mail address is very helpful in case of program cancellations or changes.)***

Emergency Contact:_____ **(___)**_____
FULL NAME **PHONE**

PROGRAM CHOICES

PARTICIPANT'S NAME *(First AND Last Please)*	**PROGRAM NAME**	**SESSION/ WEEK #**	**TIME/ DAY**	**LEVEL** *If Applicable*	**BIRTH DATE *** ***Required***	**FEE**
					/ /	
Allergies/ Medical Concerns:						
					/ /	
Allergies/ Medical Concerns:						
					/ /	
Allergies/ Medical Concerns:						
					/ /	
Allergies/ Medical Concerns:						
					/ /	
Allergies/ Medical Concerns:						
				DONATION TO TRUST FUND FOR PARKS *(optional)*		**$**
PLEASE NOTE: For ALL programs, participants MUST be appropriate age by the first day of program/session.					**TOTAL FEE**	**$**

*****If your child is 5 years old, or younger, is their Birth Certificate registered at Park & Recreation Office?

_____ Yes _____ No, but will be within 3 days. *(Remember, registrations are not complete without a registered Birth Certificate!)*

Method of Payment *(for Mailed Registrations ONLY)*

Payment must accompany completed, mailed-in registration form in order to be processed.

☐ **Check:** Make payable to **TOWN OF NEEDHAM - Park & Recreation**

☐ **Cash** or **Money Order**

☐ **Credit Card:** (Please circle one) **VISA** **MasterCard** **Discover**

Credit Card Number: CVC Code: *(on back of card)*

Expiration Date: / /

Credit Card Holder's Signature: _____

MAIL TO:
Registration
Park & Recreation
1471 Highland Ave.
Needham, MA
02492

FAXING YOUR REGISTRATION IS NO LONGER AN OPTION,

PLEASE DO NOT FAX!!