



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)

_____ Fee \$ _____
Program Date(s) Location

_____ Fee \$ _____
Program Date(s) Location

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

_____ Fee \$ _____
Program Date(s) Location

_____ Fee \$ _____
Program Date(s) Location

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.