

**TOWN OF WASHINGTON RECREATION COMMISSION
2009 - 2010 FALL/WINTER PROGRAM REGISTRATION FORM**

PLEASE ALSO FILL OUT THE REVERSE SIDE OF THIS FORM

NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____
(COMPLETE MAILING ADDRESS, TOWN AND ZIP CODE)

HOME PHONE: _____

EMERGENCY NAME & TELEPHONE: _____

PARTICIPANT'S AGE: (YOUTH ONLY) _____ GRADE: (Sept. 2009) _____

FAMILY E-MAIL ADDRESS: _____

SPECIAL NEEDS/MEDICAL CONDITIONS & ALLERGIES _____

CHECK HERE	PROGRAM	RESIDENT FEE	NON RESIDENT FEE
	MIXED UP TUESDAYS Session I _____ Session II _____ Session III: _____	\$40 per session	\$50 per session
	WACKY WEDNESDAYS Session I _____ Session II _____ Session III: _____	\$40 per session	\$50 per session
	GAME DAY THURSDAYS Session I _____ Session II _____ Session III: _____	\$40 per session	\$50 per session
	WIND DOWN FRIDAYS Session I _____ Session II _____ Session III: _____	\$40 per session	\$50 per session
	HOLIDAY GINGERBREAD NIGHT	\$13 each	\$13 each
	COMPLIMENTARY SENIOR LUNCHEON	n/a	n/a
	"TAKE A CAKEWALK"	n/a	n/a
	RADIO CITY CHRISTMAS SPECTACULAR	\$90	\$105

ALL OTHER RECREATION PROGRAMS EITHER REQUIRE DIFFERENT FORMS OR NO PRE-REGISTRATION.

CALL THE RECREATION OFFICE (677 – 8278) FOR MORE INFORMATION.

PLEASE MAIL COMPLETED FORMS AND FEES TO:
TOWN OF WASHINGTON RECREATION
PO BOX 970 MILLBROOK, NY 12545
MAKE CHECKS PAYABLE TO: T.O.W. RECREATION

FOR OFFICE USE ONLY

PAYMENT AMOUNT _____ CHECK # _____ CASH _____ DATE _____

