

REGISTRATION FORM

Greater Elizabethtown Area Recreation & Community Services

Registration Form

Parent/Legal Adult Guardian Name

Name _____ Birthdate _____

Address _____ Email Address _____

City _____ Township/Boro: E-town Boro WDT MJT NR

Home # _____ Work # _____ Cell # _____

Emergency Contact Name _____ Phone # _____

Everyone listed here must reside at the same address otherwise use a separate form for each address.

Individuals must provide their own accident insurance.

Participant's Name	Birthdate	Sex	Program Title	Session/Class	Fee

Payment Method (Circle One) Visa MC Cash Check From Account

Credit Card Payment Authorization _____ Credit Card Number _____

Authorized Signature (as shown on credit card) _____ Expiration Date _____ Security Code _____

REGISTRATION FORM

Greater Elizabethtown Area Recreation & Community Services

Registration Form

Parent/Legal Adult Guardian Name

Name _____ Birthdate _____

Address _____ Email Address _____

City _____ Township/Boro: E-town Boro WDT MJT NR

Home # _____ Work # _____ Cell # _____

Emergency Contact Name _____ Phone # _____

Everyone listed here must reside at the same address otherwise use a separate form for each address.

Individuals must provide their own accident insurance.

Participant's Name	Birthdate	Sex	Program Title	Session/Class	Fee

Payment Method (Circle One) Visa MC Cash Check From Account

Credit Card Payment Authorization _____ Credit Card Number _____

Authorized Signature (as shown on credit card) _____ Expiration Date _____ Security Code _____