

# PROGRAM REGISTRATION FORM

Date Received \_\_\_\_\_

Complete registration form and return with payment to:

**Lake Metroparks**  
 11189 Spear Road, Concord Twp., OH 44077  
 440-358-PARK (7275) or 1-800-669-9226

For Office Use Only			
Additional Info	CA	CK	SP
	VS	MC	
INT _____	DATE _____		

Please print each participant's name.

Participant's Name	Birthdate (M/D/Y)	Class or Program and Date/Time	Fee	Rcpt
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTAL FEES**

Check if additional sheet is enclosed.

**CHARGE** Please charge all fees to:    MC    VISA    \_\_\_\_\_  
3 digit security code on back of card

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**CHECKS** Payable to LAKE METROPARKS

Driver's License Number \_\_\_\_\_

State \_\_\_\_\_ Date of Birth \_\_\_\_\_

I have read and understand the registration and refund policies.

Signature of person registering participant(s) – Registration is invalid without signature.  
 \_\_\_\_\_

Name of person registering participant(s)  
 \_\_\_\_\_

Address  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Please indicate accessible needs:**  
 WHEELCHAIR     DEVELOPMENTALLY DELAYED     HEARING IMPAIRED  
 VISUALLY IMPAIRED     OTHER \_\_\_\_\_

**NOTE: You will NOT be notified of enrollment unless difficulty is encountered. Please keep a record of dates/times of classes in which you have enrolled.**