PROGRAM REGISTRATION FORM

Date Received

_____

Complete registration form and return with payment to:

Lake Metroparks

11211 Spear Road, Concord Twp., Ohio 44077

440-358-7275 or 800-669-9226

For Office Use Only

Additional Info CA CK SP VS MC DC

INT _____ DATE _____

Please print each participant's name.

Participant's Name	Birth date (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 DC ____ ____ ____

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 _____

Please indicate accessibility needs:

❑ WHEELCHAIR ❑ DEVELOPMENTALLY DELAYED ❑ HEARING IMPAIRED

❑ VISUALLY IMPAIRED ❑ OTHER _____

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

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.