

# PROGRAM REGISTRATION FORM

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

Complete registration form and return with payment to:

Lake Metroparks

11211 Spear Rd., 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.

Birth date

Class or Program and Date/Time

Fee

Rcpt

Participant's Name

(M/D/Y)

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 \_\_\_\_\_

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 accessibility 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.