

PROGRAM REGISTRATION FORM

Website

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	Fee	Rcpt
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL FEES

Check if additional sheet is enclosed.

CHARGE Please charge all fees to: MC VISA

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.