

Please check box if new address

ADULT PROGRAMS ACTIVITY REGISTRATION

COMPUTER REGISTRATION — PLEASE PRINT CLEARLY • PLEASE NOTE: APPLICATION MUST BE COMPLETELY FILLED IN

ADULT NAME	LAST ADDRESS	FIRST												
	CITY	STATE	ZIP CODE											
PHONE NUMBERS	WORK ()	HOME ()	CELL ()											
E-MAIL ADDRESS:														

COURSE NUMBER	PARTICIPANT'S NAME LAST	FIRST	SEX	D.O.B.	I.D. NUMBER	ACTIVITY NAME	TOTAL FEE

NON-RESIDENTS: Add 20% Sur-Charge to Higher rate for all programs registered for. TOTAL \$
Non-Residents are only accepted to fill up programs 1 week prior to start of program.

SEPARATE CHECKS FOR ALL PROGRAMS.

THE TOWN DOES NOT PROVIDE ACCIDENT INSURANCE

FOR OFFICE USE ONLY	
Receipt #	_____
Deposited	_____
Date	_____

MAKE CHECKS PAYABLE TO and MAIL TO:
TOWN OF CORTLANDT DEPARTMENT OF RECREATION & CONSERVATION
1 HEADY STREET
CORTLANDT MANOR, NEW YORK 10567-1254

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PRE-SCHOOL AND YOUTH ACTIVITY REGISTRATION

COMPUTER REGISTRATION — PLEASE PRINT CLEARLY • PLEASE NOTE: APPLICATION MUST BE COMPLETELY FILLED IN

ADULT NAME	LAST ADDRESS	FIRST												
	CITY	STATE	ZIP CODE											
PHONE NUMBERS	WORK ()	HOME ()	CELL ()											
E-MAIL ADDRESS:														

COURSE NUMBER	PARTICIPANT'S NAME LAST	FIRST	GRADE	SEX	D.O.B.	I.D. NUMBER	ACTIVITY NAME	TOTAL FEE

NON-RESIDENTS: Add 20% Sur-Charge to Higher rate for all programs registered for. TOTAL \$
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