❒ *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**		**FIRST**		
	ADDRESS				
	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
Non-Residents are only accepted to fill up programs 1 week prior to start of program.

TOTAL	$

THE TOWN DOES NOT PROVIDE ACCIDENT INSURANCE

SEPARATE CHECKS FOR ALL PROGRAMS.

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

FOR OFFICE USE ONLY

Receipt # ______________________
Deposited______________________
Date ______________________

❒ *Please check box if new address*

PRE-SCHOOL AND YOUTH ACTIVITY REGISTRATION

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

ADULT NAME	**LAST**		**FIRST**		
	ADDRESS				
	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
Non-Residents are only accepted to fill up programs 1 week prior to start of program.

TOTAL	$

THE TOWN DOES NOT PROVIDE ACCIDENT INSURANCE

SEPARATE CHECKS FOR ALL PROGRAMS.

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

FOR OFFICE USE ONLY

Receipt #______________________
Deposited______________________
Date ______________________