

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		SEX	D.O.B.	I.D. NUMBER	ACTIVITY NAME	TOTAL FEE
	LAST	FIRST					

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.

	<b>TOTAL</b>	\$
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**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

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		GRADE	SEX	D.O.B.	I.D. NUMBER	ACTIVITY NAME	TOTAL FEE
	LAST	FIRST						

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.

	<b>TOTAL</b>	\$
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