

**SOUTH MIDDLETON PARKS AND RECREATION
PROGRAM REGISTRATION FORM**

Home Phone _____

Last Name _____ First Name _____ Cell/Work Phone _____

Address _____ Township or Boro _____

City/State _____ Zip _____ E-Mail Address _____

Name of Participant	Birthdate MM/DD/YY	Child's Grade	T-Shirt Size	Program Name	Program Number	Fee
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

20% Resident Senior Discount _____

DOES PARTICIPANT HAVE ANY SPECIAL NEEDS OR LIMITS? YES NO TOTAL \$ _____

M/C VISA AMEX CARD # _____ EXP DATE _____ CVV # _____

MAKE CHECKS PAYABLE TO: SOUTH MIDDLETON TOWNSHIP

MAIL TO: SOUTH MIDDLETON PARKS AND RECREATION
520 PARK DRIVE
BOILING SPRINGS, PA 17007
PHONE: 258-4441

FOR OFFICE USE ONLY			
DATE REC'D _____	REC'D BY _____		
MAIL	WALK-IN	TELEPHONE	E-MAIL
CASH	CHARGE	CHECK	Ck# _____
TRANSACTION # _____			