

Household Information & Registration Form

PLEASE READ CAREFULLY!

- Complete the household information form below. All of the information on the form is required for each family member.
 - **Complete Section I to help us build your household database.
 - **Complete Section II to enroll household members in activities.
- Send household form & payment to the address on the right or place in the drop box located near the front door of the Park Office building.
- Your receipt/confirmation will be emailed to you. In the event that you do not have an email address, or one is not supplied on the household information form, a self-addressed stamped envelope is required.
- Activity dates, skip dates, and other pertinent information will be included on your receipt/confirmation.
- If you are enrolled in your 2nd choice, you will not be put on the wait list for your 1st choice.
- For activity cancellation, refund and waitlist policy, see page 7.

2019 Fall Registration
 Elm Avenue Park
 261 Elm Avenue
 Delmar, NY 12054



Remember! The Lottery Spin deadline is September 6th at 9:00am!

SECTION I

HOUSEHOLD INFORMATION

(Please Print Clearly)

Primary Adult/Parent/Guardian

Name: _____ male female

Address: _____ Zip: _____

Phone: (Home) _____ (Work) _____ Ext _____

(Cell) _____ Date of Birth: ____/____/____
(Required for online registration)

Email: _____
(Required for registration confirmation/receipt)

(Please Print Clearly)

Secondary Adult/Parent/Guardian

Name: _____ male female

Address: _____ Zip: _____

Phone: (Home) _____ (Work) _____ Ext _____

(Cell) _____ Date of Birth: ____/____/____
(Required for online registration)

Email: _____
(Required for registration confirmation/receipt)

I am currently NOT receiving the FREE monthly Town e-newsletter but would like to. (Please provide email address above)

SECTION II

REGISTRATION FORM

Participant Name	Grade (Sept. 19)	School (Ex: Eagle)	Date of Birth	Male/ Female	Activity #	Activity Name	Fee	2nd Choice Activity #

Online registration is faster & easier!!
(See Page 7)

Indicate any medical conditions or other special needs for your child(ren):

Total Amount: \$ _____

INDICATE METHOD OF PAYMENT: CASH CHECK MC VISA DISCOVER

(Check payable to: Town of Bethlehem, \$20 fee for returned checks)

Credit Card #: _____ Expiration Date: _____

PRINT Name of card holder: _____