New Berlin Recreation Department Registration Form

Family members from the same household may complete one form

LAST NAME _____ HOME PHONE _____

ADDRESS _____ DAY PHONE _____

CITY _____ ZIP _____

SIGNATURE _____ E-MAIL ADDRESS _____

I have read the registration policies in this booklet
Signature (Participant if over 18 or parent/guardian)

We will not share your e-mail with any other group or organization

You will be placed on a waiting list if your choices are filled

Participant's First Name	Class #	Program Title	Fee	Gender	Age	Grade	Birth Date (if under 18)

Total Program Fees: $ _____

Total Non-Resident Fees: $ _____

Round up Donation Program: $ _____ (See page 43 for further information)

Total Amount: $ _____

Please **do not staple checks** to registration form.

Enclose one check for the total amount payable to: ***City of New Berlin***

Does the registrant(s) need assistance or accommodations to participate in any programs? _____

_____

_____

MAIL to:
New Berlin Recreation Department
P.O. Box 510921 • New Berlin, WI 53151
Phone (262) 797-2443