

WARC COURSE REGISTRATION FORM

Fall 2017



Participant's Name _____
LAST NAME FIRST NAME

Parent/Legal Guardian (if participant is under age 18) _____

Address _____
STREET CITY STATE ZIP

Email Address _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Participant's Name	Birthdate	Gender	Program Name and Location	Fee

Resident of: Windsor Township Windsor Borough Other
 SUB TOTAL \$ _____
 Your tax-deductible donation to youth scholarship program \$ _____
 For credit card payments, add \$2 convenience fee \$ _____

Emergency Contact _____ Phone # _____
TOTAL FEE \$ _____
Make checks payable to WARC.

Please list allergies, medications or dietary info: _____
 T-shirt size (if applicable): _____

Please consider Youth Scholarship Program Donations. By giving an extra \$5, \$10 or \$25, you can provide a child in your community with an opportunity they'll cherish.

WAIVER OF LIABILITY: I, the above-named candidate, in the above-named activity, hereby waive any claim for bodily injury or property damage against the Windsor Area Recreation Commission, its agents, servants and/or employees while a participant in the above-named activity. In addition, I give permission for my photograph to be used for promotional purposes.

Signature (participant or parent/legal guardian if under age 18) _____ Date _____

Registration forms can be mailed or dropped off to:
WARC
1480 Windsor Road
Red Lion PA 17356

OFFICE USE ONLY	
<input type="checkbox"/> Resident	<input type="checkbox"/> NR
Pay Method	_____
Amt Paid \$	_____
Date	___/___/___
Received by	_____

VISA MasterCard Discover

Acct # _____ Exp. Date ___/___ CW _____

Cardholder Name _____ Signature _____