

REGISTRATION FORM

FORM IS FOR ONE HOUSEHOLD ONLY!

Check box if any information has changed

SCHOOL DISTRICT OF MENOMONEE FALLS



Community Education & Recreation

Last/First Name of parent or legal guardian

Birthdate

Address of enrollee(s)

City

Zip

Phone Numbers:

Day () _____

Mobile () _____

Evening () _____

E-mail Address _____

(To receive immediate confirmation, you must include your e-mail address)

Attend Menomonee Falls Public Schools Yes No

Employed by the Menomonee Falls School District Yes No

Participants Name <i>First / Last</i>	M/F	Birth Date	Age	Grade	T-Shirt Size <i>(mandatory)</i>	Course Name	Course #	Date, Day & Time of Class	Program Fee
					Circle: Youth S M L Adult S M L XL				
					Alternative (second choice)				
					Circle: Youth S M L Adult S M L XL				
					Alternative (second choice)				
					Circle: Youth S M L Adult S M L XL				
					Alternative (second choice)				
					Circle: Youth S M L Adult S M L XL				
					Alternative (second choice)				

ADULT SIGNATURE REQUIRED!

I hereby understand that I/or my child has registered to participate in a program sponsored by the Menomonee Falls Community Education & Recreation Dept. I understand that participating in this activity has some inherent risk and I assume full responsibility for injuries incurred while participating in this program. I understand that photos may be taken of myself or my child and used for promotional purposes.

***PLEASE NOTIFY US IF YOU or YOUR CHILD HAS ANY SPECIAL MEDICAL CONDITIONS OR NEEDS**

Total Fee _____

Credit _____

Total Amount _____

ADULT SIGNATURE X _____ **Date** _____

Please make checks payable to: **MF RECREATION DEPARTMENT**

MAIL TO: W152 N8645 Margaret Rd. Menomonee Falls, WI 53051

Please feel free to call us at (262) 255-8460 for assistance.

Thanks!

Credit Card (circle) Exp. Date ____ / ____

V-Code _____

Card # _____

Card Holder Name _____

Signature X _____