

# CEDARBURG PARKS & RECREATION PROGRAM REGISTRATION

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone & Name of person to contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Participant's Name	Sex	Age	Grade	Birth Date	Program Name	Class #	Shirt Size	Fee
FOR OFFICE USE: CHECK _____ CASH: _____ DATE: _____							TOTAL:	

Return completed form with payment to: Cedarburg Parks and Recreation Department, P.O. Box 49, Cedarburg, WI 53012