



**TOWN OF VAN BUREN
PARKS AND RECREATION DEPARTMENT
7350 Canton Street, Baldwinsville, NY 13027
(315) 638-4727, weekdays**



PROGRAM REGISTRATION FORM

NAME: _____ AGE: _____
 (if under 21)
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 DAY PHONE: _____ EVENING PHONE: _____

CLASS NAME(S):

FEE:

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL = _____

REFUND POLICY: Refunds for participant cancellations will be given up until five business days prior to the beginning of the program. **Absolutely no refunds will be issued after that point.** Any refunds will be MINUS a \$10.00 administrative fee for each cancellation. In the event this department cancels any program, **full** refunds will be given. No refunds will be issued for programs running one day only (except in the case of department cancellation), unless we receive notice from the participant at least five (5) business days in advance of the program date. We also do not issue refunds for program cancellations due to weather conditions; in this event, we will do our best to re-schedule the program.

We reserve the right to cancel or combine classes if necessary.

PARTICIPANT (if over age 18) OR PARENT, PLEASE SIGN BELOW!

I am aware of the inherent dangers of the program(s) being registered for and warrant that I am / my child is in good physical condition. I understand that no medical insurance is included as a part of any program, and agree not to hold the **TOWN OF VAN BUREN** liable for any injury arising out of participation in this program.

 PARTICIPANT (if over 18) OR PARENT SIGNATURE DATE

MAKE CHECKS PAYABLE TO: TOWN OF VAN BUREN (Mail to address at top of page)

(Any checks returned for insufficient funds will be charged **\$20.00** for processing by the Town of Van Buren.)

***** OFFICE USE ONLY *****

Amount Paid: _____ Check _____ Cash _____ Receipt # _____

Date: _____ Resident: _____ Non-Resident: _____

Comments: _____