Registration Form

PARK RIDGE PARK DISTRICT

Americans With Disabilities Act Need Accommodations
My disability requires special accommodations – _____
(name of participant requiring special accommodations)

Family Last Name: **Proof of Residency D U P**

Address:

City: State: Zip:

Home Phone: Work/Emergency Phone: E-mail:

Class #	Program Name	Participant's First Name	Fee	Birthdate	M/F	Office Only
1ST CHOICE					◯ M ◯ F	
2nd Choice						
1ST CHOICE					◯ M ◯ F	
2nd Choice						
1ST CHOICE					◯ M ◯ F	
2nd Choice						
1ST CHOICE					◯ M ◯ F	
2nd Choice						
1ST CHOICE					◯ M ◯ F	
2nd Choice						
1ST CHOICE					◯ M ◯ F	
2nd Choice						
1ST CHOICE					◯ M ◯ F	
2nd Choice						

My Fireworks Donation: Yes! I'll contribute ☐ $100 ☐ $50 ☐ $25 ☐ Other ___ to support the Fireworks Celebration.

Total Paid $ **C K M V**

Make check payable to: *Park Ridge Park District*

Credit Card Payment: ◯ Visa ◯ MasterCard (The PRPD reserves the right to change a payment fee to reflect the correct fee)

Account Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiration Date:** ☐☐ ☐☐

Cardholder Name: **Authorized Signature:**

I HAVE READ AND FULLY UNDERSTAND THE WAIVER on the previous page and understand my signature, or my guardian's signature if I'm under 18, is required to take part in Park District programs.

Signature Date

Waiver Required! In order to participate in classes, programs or events, and for insurance purposes, all patrons are required to sign a waiver at the time of registration. Waiver forms are located on the registration form and online.

Please mail registration to PRPD, 2701 W. Sibley Ave., Park Ridge, IL 60068 OR register online at www.prparks.org