

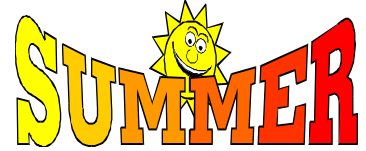
# Household Information & Registration Form

**PLEASE READ CAREFULLY!**

- Complete the household information form below. All of the information on the form is required for each family member.  
 \*\*Complete Section I to help us build your household database.  
 \*\*Complete Section II to enroll household members in activities.
- Send household form & payment to the address on the right or place in the drop box located near the front door of the Park office building.
- Your receipt/confirmation will be emailed to you. In the event that you do not have an email address, or one is not supplied on the household information form, a self-addressed stamped envelope is required.

- Activity dates and other pertinent information will be included on your receipt/confirmation.
- If you are enrolled in your 2nd choice, you will not be put on the wait list for your 1st choice.
- For activity cancellation, refund and waitlist policy, see page 7.

**2010 Summer  
 Registration  
 Elm Avenue Park  
 261 Elm Avenue  
 Delmar, NY 12054**



**Remember! The Lottery Spin deadline is April 27th at 12:00noon!**

**SECTION I**

**HOUSEHOLD INFORMATION**

*(Please Print Clearly)*

**Primary Adult/Parent/Guardian**

Name: \_\_\_\_\_  male  female

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Ext \_\_\_\_\_

(Cell) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(Required for online registration)*

Email: \_\_\_\_\_  
*(Required for registration confirmation/receipt)*

*(Please Print Clearly)*

**Secondary Adult/Parent/Guardian**

Name: \_\_\_\_\_  male  female

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Ext \_\_\_\_\_

(Cell) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(Required for online registration)*

Email: \_\_\_\_\_  
*(Required for registration confirmation/receipt)*

**SECTION II**

**REGISTRATION FORM**

Participant Name	Grade (Sept. 10)	School (Ex: Elsmere)	Date of Birth	M/F	Activity #	Activity Name	Fee	2nd Choice Activity #

*Online registration is faster & easier!!  
 (See Page 7)*

Indicate any medical conditions or other special needs for your child(ren):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total Amount: \$ \_\_\_\_\_**

**INDICATE METHOD OF PAYMENT:**    CASH    CHECK    MC    VISA    DISCOVER

*(Check payable to: Town of Bethlehem, \$20 fee for returned checks)*

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_