NORTH FAYETTE PARKS & RECREATION

PROGRAM REGISTRATION FORM

Upon Receipt of registration form you are automatically enrolled in program unless contacted by Parks and Recreation. Some classes are limited in size as noted.

Parent's Name(s) _____

_____resident _____non-resident

Phone H_____

C-_____

W-_____

Email-_____

Home Address_____

City_____ Zip_____

Participants Name(s)	Date of birth	Age	Grade	Program	Day/Time	Session	Cost
1. _____ M F	___/____/____	____	_____	_____			
2. _____ M F	___/____/____	____	_____	_____			
3. _____ M F	___/____/____	____	_____	_____			

Make checks payable to **NORTH FAYETTE TOWNSHIP**

Mail to: North Fayette Parks & Recreation, 400 N. Branch Road, Oakdale, PA 15071

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Signature of Parent