

"99.4% of Town of Herndon residents surveyed were satisfied with customer service at the Herndon Community Center."

Use one form per household.
Complete this form and be sure to note your first, second, and third choices.

TOH = people who live in the Town of Herndon limits
NR = people living outside the Town of Herndon limits

Proof of residency may be required.

You may donate to the Parks & Recreation Scholarship Fund **NOR**. All scholarship funds are used to enable those who are unable to participate in programs or camps.



Herndon Parks and Recreation Registration Form -

ONE FORM PER HOUSEHOLD. PLEASE PRINT CLEARLY IN INK.

**PHONE: 703-787-7300
FAX: 703-318-8652**

HEAD OF HOUSEHOLD: LAST _____ FIRST _____
 ADDRESS _____
 CITY/STATE/ZIP _____ EMAIL _____
 PHONE: HOME _____ CELL _____ WORK _____

Participant Name	Birth Date	Gender (circle)	1st Choice Class Code	Class Title	Fee	2nd Choice Class Code	3rd Choice Class Code
Jane Doe (example)	7/11/99	M/F	000000.00	Level 4	\$68	000000.01	000000.02
	/ /	M/F					
	/ /	M/F					
	/ /	M/F					
	/ /	M/F					
	/ /	M/F					
	/ /	M/F					
	/ /	M/F					

Optional: Donation to Parks & Recreation Scholarship Fund. Fill in the amount of your contribution.

SPECIAL ACCOMMODATIONS: Call 703-787-7300 to speak with program supervisor.
MAKE CHECK PAYABLE TO: TOWN OF HERNDON
 All returned checks are subject to a \$50 fee

MAIL TO:
 Herndon Parks and Recreation
 777 Lynn Street, Herndon, VA 20170

CHANGE OF ADDRESS/PHONE/EMAIL? YES NO

REFUNDS: A 15% service charge will be assessed up to 5 days before start of program. Less than 5 days, refunds will be given only for medical reasons or relocation of at least 20 miles from Town of Herndon, or if class is canceled by Herndon Parks and Recreation.

Signature: _____

OFFICE USE ONLY - Processed by: _____

Payment Method C CK CC LC

AP# _____ **Date Paid** _____

IF PAYING BY CREDIT CARD, COMPLETE THE FOLLOWING:

VISA Mastercard American Express Discover

CREDIT CARD # _____ **EXP. DATE** _____

PRINT NAME OF CARD HOLDER _____

SIGNATURE _____

RECREATION CONSENT: I realize that participation in recreational activities and transportation to and from these activities, if provided through this program, may involve risk. I consent to participate in these activities, and I assume this risk. I realize that I may consult my physician concerning my fitness to participate. I give the town of Herndon's employees, officers, agents, and volunteers on behalf of the Town, authority to administer or to procure for me any medical attention they may deem necessary if I am injured while participating in these activities. I am signing and returning this form to the Town of Herndon in consideration of the town providing the opportunity to participate in these activities. If I am a minor, my parent or guardian is signing this for me. Participants in activities sponsored or co-sponsored by the Parks & Recreation Department consent to the department's use of any photograph, film or image of the activity in any marketing or promotional materials.

PRINT NAME OF PARENT OR GUARDIAN _____

SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN _____