

Parks & Recreation

Registration Form

PARTICIPANT NAME _____

ADDRESS _____

PHONE NUMBER () _____

E-MAIL ADDRESS _____

EVENT/ACTIVITY _____

.....
(If Applicable)

T-SHIRT SIZE:	#
<input type="checkbox"/> Youth Small	_____
<input type="checkbox"/> Youth Medium	_____
<input type="checkbox"/> Youth Large	_____
<input type="checkbox"/> Adult Small	_____
<input type="checkbox"/> Adult Medium	_____
<input type="checkbox"/> Adult Large	_____
<input type="checkbox"/> Adult X-Large	_____
<input type="checkbox"/> Adult 2X-Large	_____

TEAM NAME _____

TEAM MEMBERS _____

.....
Please submit completed registration form to Bondurant City Hall.

Participant/league registrations are accepted on a first-come-first serve basis. The participant/team registration fee is \$_____. Payment is due at the time of registration. Registration forms should be dropped off at Bondurant City Hall front desk. Please contact Bondurant City Hall at 967-2418 or info@cityofbondurant.com for questions.

In consideration of acceptance of this entry, I hereby, for myself, my heirs, my executors, administrators, waive any and all rights and claims for any damages my property or I have against the City of Bondurant and the Bondurant Public Library.

SIGNATURE OF PARTICIPANT (IF OVER 18)*

DATE

*If under the age of 18, parent/guardian must sign

<i>(Internal Use Only)</i>		
() CHECK # _____	() CASH	Authorized By: _____
Amount paid this participant \$ _____		
Comments _____		

