

# Program Registration Form 2019

3 Palisades Credit Union Park Drive, Pomona, NY 10970  
 (845) 357-6100 Fax: (845) 357-6184



|                           |              |                   |
|---------------------------|--------------|-------------------|
| <b>Name:</b>              | Last:        | First:            |
| <b>Full Address:</b>      | Street:      | City, State, Zip: |
| <b>Phone #s:</b>          | Home: (    ) | Cell: (    )      |
| <b>Email:</b>             |              |                   |
| <b>Emergency Contact:</b> | Name:        | Phone: (    )     |

## PROGRAM REGISTRATION

| Participant's Name: | Date of Birth: | Gender: | Activity/Location | Code/Sec: | Fee: |
|---------------------|----------------|---------|-------------------|-----------|------|
|                     |                |         |                   |           |      |
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Makes checks payable to: **Town of Ramapo**

**Total Fees:** \_\_\_\_\_

There will be a \$20 fee imposed on all checks returned by the bank for any reason.  
 There are no refunds once activity/program has begun.

**Authorization:** The Town of Ramapo does not offer accident insurance and my personal insurance bear's primary responsibility in case of an accident. I authorize the use of photos for promotional purposes.

\_\_\_\_\_  
**Signature** (required):

\_\_\_\_\_  
**Date:**