

Registration Form Please print clearly.

Please print clearly.

Missing information will delay your registration.

Save Time - Register online at BloomingtonParks.org!

GENDER	BIRTHDATE
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	gistered in the last year and all se please fill in information below.
E-Mail Address	
eone other then family members	s above.)
	GENDER GENDER GENDER GENDER GENDER GENDER Check here if you have reginformation is correct. Otherwise

Flip over to continue registration.

In order to process your registration correctly - form must be filled out completely Please list a 2nd choice if there is one incase a program is full

Registrant's 1st Name	Full Class Name	Location	Session (Start Date)	Day	Time	Cost
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Return form to

Mail - PR&CA, PO Box 3157, Bloomington, IL 61702-3157,
 Fax - (309)-434-2483 or

Drop-off registration form:

Bloomington Parks, Recreation & Cultural Arts 115 E Washington St., Suite 103, Blmg 61701

 Make a copy of the form or attach a separate piece of paper if additional lines are necessary. **Charge Information -** Visa, Mastercard, Discover and American Express. Not necessary if paying by check or cash.

Credit Card Number	Expiration Date		
Card Holder (print name)	Payment Amount		
Authorized Signature	CVV#		