

Today's Date: _____

Fall 2023 Registration Form Please print clearly. Missing information will delay your registration.

Save Time - Register online at BloomingtonParks.org!

| Adult Account Contact | | | |
|------------------------|--------|-----------|--|
| FIRST & LAST NAME | GENDER | BIRTHDATE | |
| ALLERGIES/MEDICATIONS: | | | |

| Additional Family Members | | | |
|---------------------------|--------|-----------|--|
| FIRST & LAST NAME | GENDER | BIRTHDATE | |
| ALLERGIES/MEDICATIONS: | | | |
| FIRST & LAST NAME | GENDER | BIRTHDATE | |
| ALLERGIES/MEDICATIONS: | | | |
| FIRST & LAST NAME | GENDER | BIRTHDATE | |
| ALLERGIES/MEDICATIONS: | | | |
| FIRST & LAST NAME | GENDER | BIRTHDATE | |
| ALLERGIES/MEDICATIONS: | | | |
| FIRST & LAST NAME | GENDER | BIRTHDATE | |
| ALLERGIES/MEDICATIONS: | | | |
| FIRST & LAST NAME | GENDER | BIRTHDATE | |
| ALLERGIES/MEDICATIONS: | | | |



Check here if you have registered in the last year and all information is correct. Otherwise please fill in information below.

| Address, City, State, Zip (<i>Please list Apt. #</i>) Phone | E-Mail Address | |
|---|----------------|--|
| Emergency contact | | |

(Please list someone other then family members above.)

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 in case a program is full

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

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- Mail Parks, PO Box 3157, Bloomington, IL. 61702-3157, Fax - (309) 434 - 2483 or
 Drop-off registration form: The Hub (open 8:00 AM - 4:30 PM) 115 E. Washington St., Suite 103, Bloomington, IL. 61701
- Make a copy of the form or attach a separate piece of paper if additional lines are necessary.
- Checks Payable to: City of Bloomington

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 # |

Please see page 62 for all registration/refund policies.