



MAIL IN / DROP OFF REGISTRATION FORM

(COMPLETE ONE FORM PER PERSON)

Forest City

*Where Nature's Close
& Friends are Closer™*

PARTICIPANT'S NAME _____

ADDRESS _____ **HOME PHONE** _____

WORK PHONE _____ **CELL PHONE** _____

PARENT / GUARDIAN NAME _____

Birthdate (for swim team only)	SUIT SIZE	GRADE / AGE	YOUTH	ADULT	ACTIVITY NAME	FEE

Write a **SEPARATE** check for POOL PASSES & SWIM LESSONS to: **PARKS & RECREATION**
MAIL TO OR DROP OFF AT: **FOREST CITY PARKS & RECREATION, P.O. BOX 121, FOREST CITY 50436**
or register online at : www.forestcityparksandrec.com