



PARKS AND RECREATION ACTIVITY REGISTRATION FORM

Head of Household	<input type="checkbox"/> New Phone or Address? HH # (if known)	<u>Date</u> / /	List All Members at Your Address <small>(This section only needs to be completed once)</small>		
First Name	Last Name	Full Name <small>First, Last</small>	Grade	Birth Date	Gender
Street Address					
City	Zip	Note: Receipt/confirmation will be sent via email if provided, otherwise will be sent US Mail			
Birth Date / /	Gender				
Email Address					
Home Phone	Daytime Phone				
<input type="checkbox"/> I need a modification because of a disability to enjoy this program.					
I am a(an): <input type="checkbox"/> Ames Resident (Residing within City limits of Ames) <input type="checkbox"/> or own property in Ames <input type="checkbox"/> Non-Resident (Please note Non-Resident Fees)					

Participant Registration	NOTE: Please select your 1st and 2nd choice class numbers. If your 1st choice is full, you will be enrolled in your 2nd choice if that class is not full.
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Participant's Full Name	Youth sport T-shirt size	Class Number <i>1st and 2nd Choice</i>	Activity Name	Start Date	Fee *
		1st			
		2nd			
		1st			
		2nd			
		1st			
		2nd			
		1st			
		2nd			

Youth Sports T-Shirt sizes

Youth Small (6-8)	Adult Small (34-36)
Youth Med (10-12)	Adult Med (38-40)
Youth Large (14-16)	Adult Large (42-44)
Youth XL (18-20)	Adult XL (46-46)

* Fees include Tax when applicable **SUB TOTAL**

Method of Payment *Less Household Credit*

- Cash
- Check - Payable to "City of Ames"
- Charge (VISA, MasterCard or Discover)

TOTAL

Card #

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Card Expiration Date mm/yy

Security Code

Authorized Signature

Send Completed Form To:

Mail: Ames Parks & Recreation Department
PO Box 811
Ames, IA 50010

Fax: (515) 239-5355 (must pay by credit card)

Drop Off: Community Center
515 Clark Ave.
Phone (515) 239-5350