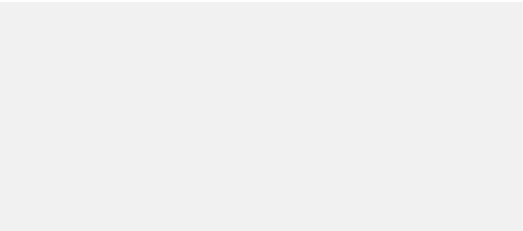




CITY OF WELLAND
 Recreation & Culture Division
 145 Lincoln Street, Welland, ON L3B 6E1
 Phone: 905-735-1700 EXT 4000
 Fax: 905-732-6187
registration@welland.ca



PASS/PROGRAM REGISTRATION FORM

Child (14 & Under) Youth (15-18) Adult (19-49) 50 Plus Family

Renewal: YES NO *(if no changes in participant information, please skip to emergency contact section)*

Last Name: _____ First Name: _____

Signature: _____

PARTICIPATION INFORMATION *(changes in information or new member)*

Address: _____ City/Town: _____ Postal Code: _____

Home Phone: _____ Alternate Phone: _____

Date of Birth: YYYY/MM/DD Age: _____ Email Address: _____

PARENT/GUARDIAN *(if participant is under 18, parent/guardian information and signature required)*

Last Name: _____ First Name: _____

Address: _____ City/Town: _____ Postal Code: _____

Home Phone: _____ Alternate Phone: _____

Parent/Guardian Signature: _____

EMERGENCY CONTACT

Full Name: _____

Relationship: _____ Phone: _____

PROGRAM REGISTRATION

Program/Lesson Name:	Barcode:	Day:	Time:	Session:	Fee:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total (+ membership if applicable): _____

PAYMENT OPTIONS

Accepted forms of payment: AMEX MC VISA DEBIT CHEQUE CASH

*(Registration Fees are subject to applicable taxes) One Cheque per registration payable to:
 "City of Welland" Recreation & Culture Division, Welland Community Wellness Complex 145 Lincoln St. E., Welland,
 ON L3B 6E1*

CSC Initial: _____