

MAIL IN REGISTRATION

Simply print this form and return it to the Recreation Office along with your payment.
If you have any questions, please feel free to call us at 225-4095.

CITY OF REDDING - RECREATION DIVISION -
Registration Form
(530) 225-4095
P.O. Box 496071 Redding, CA. 96049-6071

Participant Name _____

Phone (Day) _____ Phone (Evening) _____

Address: _____

City: _____ Zip Code: _____

Email: _____

PROGRAM NAME	ACTIVITY CODE	ACTIVITY NAME	M/F	GRADE	BIRTHDATE (youth only)	SCHOOL (youth only)

I hereby authorize the use of my credit card: Type of card (circle one) VISA Mastercard

Card Number: _____

Expiration Date (month/year): _____

Name as it appears on the card: _____

Signature: _____

Address where credit card statement is mailed: _____

I acknowledge that the City of Redding provides no medical coverage for any accident or injury resulting from this program. NO REFUND GIVEN UNLESS THE PROGRAM IS CANCELLED BY THE RECREATION DIVISION.

Signature of Participant

(Parent/Guardian if under 18) _____ Date: _____