


SPRINGFIELD-GREENE COUNTY PARK BOARD REGISTRATION INFORMATION/FORM

- Make checks payable to the P[] Ú{ } @ [] - [] ~ | • ^
- Registration forms received without payment will be returned to you.

Mail your registration form and check to:


 P[] Ú{ } @ [] - [] ~ | • ^
 G € J Ú È & } &
 Springfield, MO 65801

(Please indicate the program you are registering for on the outside of your envelope.)

Some registration periods differ for a few programs. Please check the specific information for the program that interests you.

Cancellation Policy:

1. Class fees offset the cost to plan and schedule these classes. When you sign-up for a class, we depend on your enrollment for a successful class. Please plan your schedule carefully. We cannot accept responsibility for your personal circumstances.
2. If you must cancel from a class, call 8JFÈÍ HJ five (5) business days before the class starts. Choose from these options: a) transfer to another class; or b) receive your money back (less a \$5 processing fee).
3. You are notified if your class cancels due to insufficient registration.
4. Refunds take 2-3 weeks.
5. There will be a \$20 fee for all returned checks.

DETACH AND RETURN:

Name:		Home Phone:		Work Phone:	
Address:			Age:	City & Zip:	
Name of Activity		Location		Session / Dates / Day / Time	
1) _____		1) _____		Fee	
2) _____		2) _____		1) _____	
3) _____		3) _____		2) _____	
4) _____		4) _____		3) _____	
4) _____		4) _____		4) _____	
My family and I hereby waive and release the Springfield-Greene County Park Board and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator or Springfield-Greene County Park Board activities.			TOTAL FEES ENCLOSED \$ _____ Charge to my: ___ Visa ___ MasterCard Exp. Date: _____ Card Number: _____ Signature: _____ <i>Sign exactly as it appears on the card</i>		
x _____ Signature of participant or parent if participant is under 18			FOR OFFICE USE ONLY: Fee Paid: _____ Received by: _____ Date: _____ Cash _____ Check _____		
Return this form along with payment, to: P[] Ú{ } @ [] - [] ~ • ^ Program Registration G € J Ú È & } & Springfield, MO 65801			If you have a disability, do you require accommodations to participate in any of these activities? _____ If you answered YES, please describe: _____ _____ _____		