

SPRINGFIELD-GREENE COUNTY PARK BOARD REGISTRATION INFORMATION/FORM

- Make checks payable to the Springfield-Greene County Park Board
- Registration forms received without payment will be returned to you.

Mail your registration form and check to:

Springfield-Greene County Park Board Program Registration
1923 North Weller
Springfield, MO 65803
(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 864-1049 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) _____	
2) _____		_____		2) _____	
3) _____		_____		3) _____	
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 \$	
x _____ Signature of participant or parent if participant is under 18				Charge to my: ___ Visa ___ MasterCard Exp. Date: _____	
				Card Number: _____	
				Signature: _____ <i>Sign exactly as it appears on the card</i>	
Return this form along with payment, to: Springfield-Greene County Park Board Program Registration 1923 N. Weller Springfield, MO 65803				FOR OFFICE USE ONLY: Fee Paid: _____	
				Received by: _____	
				Date: _____	
				Cash _____ Check _____	
If you have a disability, do you require accommodations to participate in any of these activities? _____ If you answered YES, please describe: _____					
