

ACTIVITY REGISTRATION FORM

Wallingford Parks and Recreation • 6 Fairfield Boulevard • Wallingford, CT 06492

All forms must be accompanied by full payment. Mail In or Drop Off at the above address. Please print clearly.

Household Account Last Name: _____

Participant First Name: _____ Last Name: _____

Male / Female: _____ Date of Birth: (mm / dd / yyyy) _____

Address: _____
No. & Street
Town
Zip

Phone: _____ Email: _____

Special Considerations: _____

Please check box to request the services of our Therapeutic Recreation Specialist

Course #	Course / Program Title	Day & Time	Fee

PAYMENT METHOD: CHECK OR CASH ONLY
 Please have **EXACT AMOUNT** if paying in cash
 Make checks payable to
 "Treasurer Town of Wallingford"

Fees:

Credit:

Non-Resident Fee:
\$10.00 per course

Total Amount:

REGISTER ONE OF THESE WAYS

BY MAIL: Upon receipt of this brochure you may mail in your registration at once. Mail-in registrations will be processed as they are received. Please include a completed registration form and a separate check for each class made payable to: Treasurer, Town of Wallingford. Please enclose a **SELF-ADDRESSED STAMPED ENVELOPE** for return receipt.

DROP-OFF IN PERSON: Come to the Recreation Department office and drop your registration in the marked REGISTRATION MAILBOX. Drop-off registrations will be processed as they are received.

DROP-OFF AFTER BUSINESS HOURS: A registration lockbox is conveniently located around the right side of the reception window for you to drop off registrations after 5:00 p.m. Registrations will be received the next business day and processed accordingly pending previous days registrations. **Checks only, please.**

NON-RESIDENT: Non-residents registrations will be processed following a one week holding period to allow for Wallingford residents to register for programs. Please note that there is an additional \$10.00 non-resident fee per course.