



Central Point Parks and Recreation Recreation Class Registration Form

Mail: 140 S. 3rd Street, Central Point OR 97502

Fax: (541) 664-6384

Email: parks@centralpointoregon.gov

REGISTRATION FORM (Additional forms may be downloaded on our website.)
This registration form is subject to the registration/refund policy listed on your receipt.
Registration/refund policies may be viewed on our website.

Participant Name _____ Date of Birth _____ Male / Female?

Street Address _____ City/Zip _____

Home Phone _____ Is this a new address? Yes ___ No ___

E-mail Address _____ Send receipt via e-mail? Yes ___ No ___

Name of Class _____ Start Date _____

Signature (Parent/Guardian if participant is under 18) _____

PAYMENT OPTIONS

Check Enclosed (do not send cash) Visa MasterCard American Express

Name on Card (print) _____ Expiration Date _____ / _____

Card Number _____ - _____ - _____ - _____ Card Security Code _____