REGISTRATION FORM

(Please print all information and list additional names on a separate paper.)

PARTICIPANT_____

DAY PHONE_____ EVENING PHONE_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

MUNICIPALITY _____

EMERGENCY INFORMATION

In case of emergency please contact:

NAME_____ RELATION_____

ADDRESS_____ PHONE_____

DOCTOR'S NAME_____ PHONE_____

HOSPITAL PREFERENCE: YORK MEMORIAL OTHER _____

LIST ANY PHYSICAL LIMITATIONS/DISABILITIES OR ALLERGIES:

Dover Area Recreation or Dover Township will not assume any liability for accidents. Participants hereby assume this responsibility when registered.

_____ _____

Participants Signature Date

PROGRAM/EVENT_____ COST_____

DATE OF EVENT_____ # OF PARTICIPANTS_____

AMOUNT ENCLOSED $_____

For additional information or reservations call 292-3634 or fill in the attached form and return to: Dover Township 2480 W. Canal Rd. Dover, PA 17315 ATTN: Recreation. Make checks payable to **DOVER TOWNSHIP**. If e-mailing this form, please follow up with payment. Thank you.