

PARENT/GUARDIAN _____
Last Name First Name M.I.

Address _____ Apt. No. _____ City _____ Zip Code _____
(No PO BOX #'s Please)

Evening Phone (____) _____ - _____ Day Phone (____) _____ - _____ E-Mail Address _____

(Please fill in if you have moved within the last year)

Previous Address _____ Fax #: (____) _____ - _____

PLEASE PRINT VISA OR MASTERCARD # CLEARLY.

Credit Card # _____ Exp. Date ____ / ____
Cardholder Name (Print) _____
Address _____ City _____ Zip Code _____
Signature _____ Phone# _____

Cash
 Check (Check # _____)
 Money Order
Checks payable to:
Milwaukee Recreation Division

❖ Faxes are NOT confirmed by phone, fax, or e-mail.
Confirmations will automatically be sent via US Mail.

Complete if under 18 yrs of age (Read and Sign Box A)

Course Number	(List 1 st and 2 nd Choices) Class Name / Activity	Day	Time	Location	Fee	Participant's First / Last Name (and address, zip, phone if different from above)	Sex	Date of Birth Mo / Day / Yr	Age Now
	1 st							/ /	
	2 nd							/ /	
	1 st							/ /	
	2 nd							/ /	
	1 st							/ /	
	2 nd							/ /	
	1 st							/ /	
	2 nd							/ /	

(A) PERMISSION FOR CHILDREN'S ACTIVITIES

(Must be signed by Parent/Guardian for anyone under the age of 18)

Permission is granted for my son/daughter to participate in the above activity as conducted by the Recreation Division. I agree that if a health condition exists which would limit his/her participation in this activity, I will notify the Recreation Division.

Signature **X** _____

Mail must be received by Friday, June 6, 2008.
Mail to: MPS Recreation Div., PO Box 461, Milw., WI 53201-0461
Fax to 475-8183, no later than 4:00pm on Friday, June 6, 2008.

Please note: For program promotion purposes, photographs may be taken of participants. If you do not wish to have your photo taken, please notify the photographer or instructor.

Total Fees \$ _____

Free/Reduced Lunch Discount
Read & Sign Box (B) \$ _____

Enter name of MPS school on the right. If NON-MPS, attach documentation.

Please check (✓) this box to donate \$1.00 to the Youth Program Fund **\$1.00 Donation**

TOTAL PAYMENT DUE \$ _____

Name of the MPS school your child(ren) receive free/reduced lunch _____

(B) FREE/REDUCED LUNCH DISCOUNT (17 YRS & UNDER)

(Must be signed by Parent/Guardian if taking this discount)

NEW POLICY: If your child/children receive(s) free/reduced lunch, you may qualify for a discount. Most children's classes over \$10 are eligible for a **\$5 discount**. Most children's classes \$30 and over are eligible for a **\$10 discount**. Some classes, most field trips, special events, and admission fees are not eligible and are so noted in the class description. **Your application must be on file with the MPS School Lunch Office. Non-MPS students must provide eligibility documentation with registration.**

Signature **X** _____