

TOWN OF SOUTHOLD REGISTRATION FORM
When registering by mail, please submit separate checks
for each program you are registering for! This allows us to
return checks for programs which have reached their maximum
enrollment without holding up registration for other programs.
We now accept VISA & MASTERCARD.

Adult Name:

Last **First**

Mailing Address

Home Phone **Work Phone**

Participant's Name	Age	Activity	Fee

TOTAL COST....._____

Make separate checks payable to: *TOWN OF SOUTHOLD*
(Unless otherwise indicated in course description)

CREDIT CARD INFORMATION (VISA OR MASTERCARD ONLY)

Name as it appears on card: _____

Credit Card Number: _____

Check one: Visa Card MasterCard _____

Expiration Date on Card

Billing Address on Credit Card

Credit Card payments are by mail or in-person

Mail to: Southold Recreation Department
 PO Box 267
 Peconic NY 11958

WAIVER: *All participants in the Town of Southold Recreation Department programs listed in this brochure participate at their own risk. Individuals and parents are responsible to check program content and be sure they or their children are in excellent physical condition to participate in said program. I have also read and fully understand the registration policy.*

Signature: _____ **Date:** _____