



ACTIVITY REGISTRATIONS

(DO NOT CUT FORM. SUBMIT ENTIRE PAGE.)

HEAD(S) OF HOUSEHOLD/GUARDIAN

Name _____ Home Phone _____
 Address _____ Work Phone _____
 Town _____ Zip Code _____ Emergency Phone _____
 Emergency Contact _____ Cell Phone _____
Email Address _____

Participant Name _____ School _____
 Male/Female _____ Date of Birth _____ Age _____ Grade _____
Medical or other information our staff should be aware of: _____

| Activity Name | First Choice Activity # | Second Choice Activity # | Fee |
|---------------|-------------------------|--------------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Participant Name _____ School _____
 Male/Female _____ Date of Birth _____ Age _____ Grade _____
Medical or other information our staff should be aware of: _____

| Activity Name | First Choice Activity # | Second Choice Activity # | Fee |
|---------------|-------------------------|--------------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Trip and Tour Registration - Other Side ➔
Please make check payable to: Town of Burlington

Credit Card Information
 (Please Print Clearly)

Mastercard Visa



Name on Card _____

Account # _____ Expiration Date: _____

Amount \$ _____ Signature: _____

