



# ACTIVITY REGISTRATIONS

(DO NOT CUT FORM. SUBMIT ENTIRE PAGE.)

## HEAD(S) OF HOUSEHOLD/GUARDIAN

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

## FAMILY MEMBERS

(Should be completed for all family members registering, including heads of household)

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____


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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Name on Card \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

Mastercard     Visa



**Credit Card Information**  
(Please Print Clearly)

**Trip and Tour Registration - Other Side**



**Please make check payable to: Town of Burlington**



**TRIP AND TOUR REGISTRATIONS**  
(DO NOT CUT FORM, SUBMIT ENTIRE PAGE.)

Day Trips

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ PHONE \_\_\_\_\_  
 TRIP TITLE \_\_\_\_\_ TRIP NUMBER \_\_\_\_\_  
 NUMBER OF RESERVATIONS \_\_\_\_\_ X FEE \$ \_\_\_\_\_ = TOTAL DUE \$ \_\_\_\_\_  
 MEAL SELECTIONS (If applicable) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ PHONE \_\_\_\_\_  
 TRIP TITLE \_\_\_\_\_ TRIP NUMBER \_\_\_\_\_  
 NUMBER OF RESERVATIONS \_\_\_\_\_ X FEE \$ \_\_\_\_\_ = TOTAL DUE \$ \_\_\_\_\_  
 MEAL SELECTIONS (If applicable) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Overnight Tours

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ PHONE \_\_\_\_\_  
 TRIP TITLE \_\_\_\_\_ TRIP NUMBER \_\_\_\_\_  
 NUMBER OF RESERVATIONS \_\_\_\_\_ X FEE \$ \_\_\_\_\_ = TOTAL DUE \$ \_\_\_\_\_  
 SINGLE \_\_\_\_\_ DOUBLE \_\_\_\_\_ TRIPLE \_\_\_\_\_ DEPOSIT\$ \_\_\_\_\_  
 (please list name and address of persons rooming together)  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ PHONE \_\_\_\_\_  
 TRIP TITLE \_\_\_\_\_ TRIP NUMBER \_\_\_\_\_  
 NUMBER OF RESERVATIONS \_\_\_\_\_ X FEE \$ \_\_\_\_\_ = TOTAL DUE \$ \_\_\_\_\_  
 SINGLE \_\_\_\_\_ DOUBLE \_\_\_\_\_ TRIPLE \_\_\_\_\_ DEPOSIT\$ \_\_\_\_\_  
 (please list name and address of persons rooming together)  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

**CREDIT CARD INFORMATION ON OTHER SIDE**