REGISTRATION FORM

FOR OFFICE USE ONLY

N ☐ **R** ☐ **DATE:**

CHECK #: **CREDIT CARD:** ☐ **see attached slip**

RESIDENT ☐ **NON-RESIDENT** ☐

TRIAL MEMBERSHIP ☐ **EXTENDED TRIAL** ☐

PLEASE PRINT

PARENT 1:_____

PARENT 2:_____

HOME ADDRESS:_____
Street Town Zip

PHONE:_____ E-MAIL:_____

CHILD(REN'S) NAME(S): AGE: DOB:

_____ M F _____ _____

_____ M F _____ _____

_____ M F _____ _____

_____ M F _____ _____

Bring this registration form and membership fee *(No cash please. Credit Card, Check, or M.O.)* to The Family Room or mail to:

Amherst Youth & Recreation Dept.
1615 Amherst Manor Drive
Williamsville, NY 14221
ATTN: FAMILY ROOM REGISTRATION
Make check payable to: Amherst Youth & Recreation Dept.