

Marshfield Parks & Recreation Department Registration Form

Last Name of Family/Head of Household: _____

Street Address: _____ Mailing Address, if Different: _____

City, State, Zip: _____ Home Phone: _____

Work Phone: _____ Cell Number: _____ Cell Carrier: _____

E-mail my receipt! E-mail Address: _____

Parent(s) Name(s) & Birthdate(s): _____

Participant Name(s)		Gender	Grade	Date of Birth	Program Code		Fee
First Name	Last Name	M/F			1st Choice	2nd Choice	
				/ /			
				/ /			
				/ /			
				/ /			

If mailing form, one check per class, please! **Total** _____

Are you interested in being a coach or coach's assistant for your child's team? Yes No
 If yes, please indicate your full name _____ Coach Assistant

Please enclose only one self-addressed, stamped envelope for registration confirmation or provide e-mail address above.

Return to: Marshfield Parks & Recreation Department, 630 S. Central, Ste. 201R, Marshfield, WI 54449

Child has allergies or special accommodations; please list. _____