

Parks & Recreation Dept. Registration Form

Name: _____ Email: _____

Mailing Address (in Town of Southampton): _____ Street _____ City _____ State _____ Zip _____

Mailing Address (other residence, if applicable): _____ Street _____ City _____ State _____ Zip _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Emergency Contact Name: _____ Emergency Phone #: _____

<u>Registrant Name</u>	<u>Program Name</u>	<u>Program # (if applicable)</u>	<u>Program Fee</u>
		1st Choice: 2nd Choice:	
		1st Choice: 2nd Choice:	
		1st Choice: 2nd Choice:	
		1st Choice: 2nd Choice:	

IF YOU DID NOT RECEIVE THIS IN THE MAIL - PLEASE READ PAGE 3 CAREFULLY!

★ PLEASE MAKE COPIES OF REGISTRATION FORM IF ADDITIONAL SPACE IS NEEDED ★

Make checks payable to the "Town of Southampton" PLEASE SUBMIT SEPARATE CHECKS FOR EACH PROGRAM (This allows us to return checks for programs which have filled, without holding up registrations for other programs)

Mail To: Town of Southampton, Parks & Recreation Department, 6 Newtown Road, Hampton Bays, NY 11946