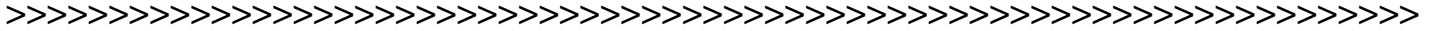


ALAMEDA PARK PROGRAM REGISTRATION



PROGRAMS

() _____ () _____
 () _____ () _____

HEAD OF HOUSEHOLD: _____ DATE: _____

ADDRESS: _____ PHONE: _____(Home)
 _____(Work)
 City State Zip

MUNICIPALITY: _____
 City Twp. Borough

<u>Members/Participants</u>	<u>Birthdate</u>	<u>Program</u>	<u>Program Date</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

I/We will comply with all rules and policies of **Alameda Park**
The Butler County Parks and Recreation Department has a NO REFUND Policy
Make checks payable to: The County of Butler

 Signature Date

(OFFICE USE ONLY)



Amount Due: \$ _____ Date Received: _____ By: _____

Amount Recd: \$ _____ () Cash () Check # _____