

2017 REGISTRATION FORM

To register please complete and return the registration form with the program fee to
MAIL TO: PLEASE DO NOT RETURN TO SALISBURY CENTRAL SCHOOL

Salisbury Recreation Commission
POB 548 Salisbury, CT 06068

For further information
Contact Lisa McAuliffe, Director of Recreation,
Phone: (860) 435-5186
Email: recreationdirector@salisburyct.us

PLEASE USE SEPARATE FORM FOR EACH PARTICIPANT

Participant's name: _____

Parent or Guardian name: _____

Local Mailing Address: _____

Local Phone Number: _____ Cell _____

Email Address: _____
(print clearly will be used to contact you)

DOES YOUR CHILD PARTICIPATE IN EXTRAS **YES** **NO**

Program _____ Level _____ Session _____

Program _____ Level _____ Session _____

Program _____ Level _____ Session _____

Program _____ Level _____ Session _____

Program _____ Level _____ Session _____

Total Fee enclosed \$ _____