

GNPS Recreation Department

MAIL-IN REGISTRATION FORM



Send to:

Great Neck Public Schools -Recreation Office
345 Lakeville Road
Great Neck, New York 11020

PLEASE PRINT:

Student's Name _____ School _____ Grade _____

Address _____ Home Phone # _____

Parent/Legal Guardian Name _____ Cell # _____

Alternate Contact Name _____ Alt. Contact # _____

Medical/Health Concerns _____

Physical Restrictions _____

Parent/Legal Guardian Signature _____ Date _____

Fill in program choice, location & Fee

(If applicable include level & time)

1. Program _____ Location _____ Fee _____

Level _____ Time _____

2. Program _____ Location _____ Fee _____

Level _____ Time _____

3. Program _____ Location _____ Fee _____

Level _____ Time _____

Make Checks/Money Orders Payable to "**Great Neck Public Schools**". **Total Payment \$** _____

Credit Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[<input type="checkbox"/>] VISA [<input type="checkbox"/>] MasterCard	Expiration Date: _____								
Card Holder's Name (as it appears on credit card) _____									
Signature* _____ *Authorizes 2% credit card transaction fee.									

REGISTRATION INFORMATION:

Complete a separate form for each child attending the program.

Please complete the registration, include payment and provide pertinent information as needed.

NO REFUNDS after the program registration deadline. A \$10.00 processing fee will be deducted from refund.

(Office Use Only)

Payment Total _____ Check # _____ MC/VISA _____ Receipt # _____