

Registration Form

COMPLETE REGISTRATION FORM BELOW

Mail to: Holmen Park & Recreation Dept., P.O. Box 158, Holmen, WI 54636

Drop-off: at Holmen Village Hall, 421 S. Main St., Holmen (24 Hour Drop Box Available)

Family Last Name: _____ Parent's/Guardian Names: _____

Address: _____ City: _____ Zip: _____

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

____ **Resident: Village of Holmen** ____ **Non-Resident:** Township (circle one): Town of Onalaska Town of Holland Other

Email: _____ All checks must be payable to Holmen Park & Recreation

5 EASY WAYS TO REGISTER

1 Mail-In: Mail your completed entry form with payments to: Holmen Park & Recreation Dept P.O. Box 158, 421 S. Main St. Holmen, WI 54636

2 24 Hour Drop Box: The drop box is located at the Village Hall entrance

3 Fax: Fax registrations will be accepted on a 24 hour basis with Visa or Mastercard payment. Fax: (608) 526-4357

4 On-Line: Log-in now and follow the step by step instructions. You will then receive your receipt via e-mail. Charge cards only.

5 In Person: Stop in at the Village Hall office, Monday through Friday 8:00 am - 4:30 pm

Payment Method:

(Check one)

Check (Please make one check for total due, payable to Holmen Park & Recreation)

Cash

Gift Certificate

Credit Card

(circle)   Exp. Date ____ / ____

Card # _____

Card Holder Name: _____

Signature: _____

Participant's Name (First, Last)	M/F	Birth Date	Age	Grade	Program Title & Level (Code Number)	School	Shirt Size	Other Information (notes, requests, etc.)	Fee

Shirt Sizes: YS (6-8), YM (10-12), YL (14-16), AS (adult small), AM (adult medium), AL (adult large), AXL (adult extra large)

SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED FOR YOUTH REGISTRATIONS. ALL ADULT PARTICIPANTS MUST SIGN BELOW FOR ADULT PROGRAMS.

I hereby understand that my son, daughter or self is registered to participate in the programs stated on this sheet, sponsored by the Village of Holmen. In addition, I understand that this program, like all physical activity, has some inherent risk involved. Furthermore my son, daughter, or self is in good physical condition appropriate for the stated activity, and I understand that participants must assume full responsibility for injuries incurred while taking part in these programs. No accident insurance is provided through the Village of Holmen. A doctor's release may be required after a serious illness, injury or hospitalization, before returning to the program.

Sub Total	\$
Other	\$
Donation	\$
Total Amount	\$

Make Checks Payable To: Holmen Park & Recreation

Parent or Guardian Signature: _____ **Date:** _____

YES, I would like to be a volunteer coach. Name: _____ Program: _____

Registrations must be filled out completely with payment or the registration will be returned.