



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) Sub Total \$ _____

SIGNATURE OF A PARENT OF LEGAL GUARDIAN IS REQUIRED FOR YOUTH REGISTRATIONS. Other \$ _____

ALL ADULT PARTICIPANTS MUST SIGN BELOW FOR ADULT PROGRAMS. Donation \$ _____

Total Amount \$ _____

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.

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.