



# Women's 18+ Basketball

A non-competitive, drop-in basketball program, just for women. A great way to meet new people and have fun! All skill levels encouraged.



**You choose!**  
**7 weeks of play**  
**(closed April 8)**  
**beginning April 1, 2012**  
**Sundays 11:00am - 1:00pm**  
**Wheaton Community Center**

**Pass/Course #: 328917**

**\$42 Resident/\$57 Non-County Resident**

For further information, contact Pat Sullivan at 240-777-6893 or [patrick.sullivan@montgomerycountymd.gov](mailto:patrick.sullivan@montgomerycountymd.gov).

**Ways to register**

- RecWeb online: [montgomerycountymd.gov/rec](http://montgomerycountymd.gov/rec)
- Fax: 240-777-6815 (payment by VISA or MasterCard)
- Mail: Registrar, 4010 Randolph Road, Silver Spring, MD 20902

**Withdrawal Policy**

Requests for withdrawal must be submitted in writing. If your written withdrawal request is received on or after the start date of the program, your credit will be pro-rated based on the date the request is received. In addition, all refunds and all written withdrawal requests received seven days or less before the start date of the program are subject to a \$20.00 withdrawal fee.

**Payment Information**

Full payment is due with registration. Non-county residents pay an additional \$15 per participant per activity. Financial assistance is available to county residents who qualify. Call 240-777-6840 for information. If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling 800-666-5222 ext. 2 to arrange payment due for any outstanding checks and service fees due.



## Registration Form

Check here if new address/phone/email.  
**Please print.** This form may be duplicated.

PAYER'S: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	School Attending	Grade	Activity Name	Course Number	Location	Start Date	Start Time	Fees*

\*If you are a non-resident, include an additional \$15.00 per participant in the fee for each activity.

Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902. Total Amount Due: \$

Master Card    Visa   Card No. \_\_\_\_\_   Expiration Date \_\_\_\_\_

CARDHOLDER:   Name (print) \_\_\_\_\_   Signature \_\_\_\_\_   Date \_\_\_\_\_

If paying by credit card, you may fax your registration form to **240-777-6818**.   If you need help completing this form, please call 240-777-6840.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images and any audio recordings made of the participant's voice in whatever way the County desires, including television print and Internet websites. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of the County. If the participant is a minor, the parent of guardian approves his or her participation in the program. Neither the instructor nor any staff are responsible for children prior to or after scheduled program.

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_