

Club Friday Guest Pass Registration Form Lawton Community Recreation Center

\$7 one-day guest pass fee per guest.

Please complete the form below and attach payment. Check or cash. Guests must be in grades 3-5.

Payment Information:

Full payment is due at time of registration. Financial assistance cannot be used to pay for a Club Friday guest pass. Call 240-777-6855 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 call 800-665-5222 ext. 2 to arrange payment due for any outstanding checks and service fees.

| If you need assistance filling out this form, call 240-777-6855. | | | | | | | | |
|--|---|---|--|--|---|--|--|--|
| ☐ Check here if new address/phone/email. | | | | | | | | |
| Please print inf | ormation b | | formation should One family name | | | t/guardian of gues | it | |
| Payer's Last Name | | | | First Name | | | | |
| Email: | | | | | | | | |
| Address | Address City | | | State Zip | | | | |
| | | | | Cell Phone | | | | |
| Member's Name | | | | | Member's Phone: | | | |
| Participant's Name (last, first) | Birthdate mm/dd/yy | Sex m/f | School Attending | Grade | Activity Name | Location | Fees* | |
| | | | | | One-Day Guest Pass | Lawton CRC | | |
| | | | | | One-Day Guest Pass | Lawton CRC | | |
| | | | | | | Total Amount Due: | \$ | |
| . Check or Money Order payable to "ActiveMONTGOMERY" Check # or Cash \$ | | | | | | | | |
| The participant assumes all damages arising from participant encourages each participant participant consents to eme taken or video tapes made of participation in the program. scheduled program. | ipation in the toconsult in the consult in the group of the programmer. | ne progr his or h atment. ram. If th | am. Due to the sti er physician conce The participant als ne participant is a | renuous erning fit to conse minor, th | nature of som ness to partici nts to the Cou ne parent or gu | e activities, the Copate in the programon, and programon, and programon and proves heardian approves h | ounty m. The hotographs is or her | |
| Parent/Guardian Signature | | | | Date | | | | |
| | | (| This form may be | duplicat | ed) | | | |