Adult Programs Registration Form

Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Phone – Home:_____ Cell:_____ Work:_____

Email:_____

Program Name	Last Name	First Name	Sex	Birth Date MM/DD/YYYY	Registration Fee

Total Program Fees	
Donation/Gift (Optional)	
Total Amount Due	

_____ _____

Signature **Date**

*The City of Huxley requires a "Release, Waiver & Hold Harmless Permission to Participate" document be signed before participation in a city-sponsored or co-sponsored activity. Completion of this registration form will be considered your consent and agreement with the contents included in this document. The document can be found on the City's website, www.huxleyiowa.org, under the Parks and Recreation Department Link, or can be provided to you at your request.

You can turn in your registration form one of the following ways:

- Mail to: 515 North Main Ave
  Huxley, IA 50124
- Bring to 3C's front desk
- Put in City's Outside Drop Box

For more information visit us online at:

www.huxleyiowa.org

Received By:_____ Entered By:_____