

The College at BROCKPORT Recreational Services Kids' Night Out

Fall 2009 Registration Form

Participant's Name(s) and Age(s): _____

Parent's Name: _____

Phone Number: _____

Other Number: _____

Address: _____

City: _____

Zip: _____

*E-Mail Address: _____

*Will only be used to provide an e-mail confirmation and program

information.

- Check the date(s) you would like to register for:

<input type="checkbox"/>	Saturday, September 26 3-10pm
<input type="checkbox"/>	Saturday, November 7 5-10pm

- Registration Fee:

___ \$25 per child

___ \$20 per sibling

- Payment Information (choose one):

___ Please charge the Visa, MasterCard or Discover card listed below for \$ _____.

Card Number: _____ Expiration Date: _____

Signature: _____

___ A check payable to Recreational Services is included with this form.

If paying by credit card, you may mail this form to the address listed below or fax this form to (585) 395-2884.

If paying by check, you may mail this form to the address listed below.

Mailing Address

The College at BROCKPORT – Recreational Services
Attention: JoLynne Corsi-Miller
B 280 Tuttle North
350 New Campus Drive
Brockport, NY 14420