

PROGRAM REGISTRATION FORM

CITY OF SUN PRAIRIE PARKS, RECREATION & FORESTRY DEPARTMENT • DUPLICATE AS NEEDED
2598 West Main St. • Sun Prairie, WI 53590 • 608-837-3449 • Fax: 608-825-0716 • rec@cityofsunprairie.com

PARENT/GUARDIAN FULL NAME(S):

PRIMARY HOME ADDRESS:

SECONDARY HOME ADDRESS (IF APPLICABLE):

PLEASE CHECK ONE: ☐ CITY OF SUN PRAIRIE RESIDENT ☐ SPASD RESIDENT (BY DEFAULT) ☐ NON-RESIDENT HOME PHONE:

CELL PHONE:

ALTERNATE CELL PHONE:

WORK PHONE:

COMPANY NAME:

EMAIL: (Required for receipts and updates on programs for which you are registered.)

- ☐ I have read and agree to the **CONCUSSION INFORMATION DOCUMENT**. Please review the information on page 4 or find it on our website at: rec.cityofsunprairie.com/docs/concussion%20information%20sheet.pdf
- ☐ I have completed the Waiver of Liability on reverse page.

T-SHIRT SIZING/OPTIONS

YOUTH SIZES: YS (youth small) 6-8
YM (youth medium) 10-12
YL (youth large) 14-16

ADULT SIZES: AS (adult small)
AM (adult medium)
AL (adult large)
AXL (adult extra large)

*If a size is needed that is not listed above, please contact staff to inquire.
No guarantee of availability above/beyond the sizes listed above.*

PARTICIPANT #1

Full name:	
Date of birth (MM/DD/YY, required):	
Gender (check one): ☐ FEMALE ☐ MALE	
T-shirt size (if applicable, see above):	
Food/material allergies? (check one): ☐ YES ☐ NO Explain:	
Special assistance needed? (check one): ☐ YES ☐ NO Explain:	
Program name:	Fee:
Registration #:	
Alternate program:	Fee:
Registration #:	
Program name:	Fee:
Registration #:	
Alternate program:	Fee:
Registration #:	
Program name:	Fee:
Registration #:	
Alternate program:	Fee:
Registration #:	
Program name:	Fee:
Registration #:	
Alternate program:	Fee:
Registration #:	
FEE SUBTOTAL FOR PARTICIPANT #1:	

PARTICIPANT #2

Full name:	
Date of birth (MM/DD/YY, required):	
Gender (check one): ☐ FEMALE ☐ MALE	
T-shirt size (if applicable, see above):	
Food/material allergies? (check one): ☐ YES ☐ NO Explain:	
Special assistance needed? (check one): ☐ YES ☐ NO Explain:	
Program name:	Fee:
Registration #:	
Alternate program:	Fee:
Registration #:	
Program name:	Fee:
Registration #:	
Alternate program:	Fee:
Registration #:	
Program name:	Fee:
Registration #:	
Alternate program:	Fee:
Registration #:	
Program name:	Fee:
Registration #:	
Alternate program:	Fee:
Registration #:	
FEE SUBTOTAL FOR PARTICIPANT #2:	

TOTAL FEES FOR
PARTICIPANTS 1-2: \$

SCHOLARSHIP
DONATION*: \$

TOTAL AMOUNT
ENCLOSED: \$

* "Mark Up" for recreation: Add \$1 or more to your total fees to help provide assistance for those unable to afford the program fees for recreation activities.

FORM OF PAYMENT (can use more than one)

- ☐ CASH: \$
- ☐ CHECK: \$ CHECK NUMBER:
Make checks payable to: City of Sun Prairie. Must include driver's license number.
- ☐ XPLORE ACCOUNT CREDIT: \$
NAME ON ACCOUNT:

- ☐ POST AN INVOICE TO MY ACCOUNT:
Once we receive and process your registration, we will post an invoice to your online account and send you an email confirmation. You will then have two business days to pay the balance using a credit or debit card. Please note that all card payments are subject to a 3% service fee. If you do not have an existing account, we will create one for you and send you a username and temporary password.