

TRIP REGISTRATION FORM

Participant's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ Email address _____

Emergency Contact _____ Phone _____ Relationship _____

Physician's Name _____ Phone _____

List any health concerns, special needs and/or medications _____

How did you hear about this program? _____

PLEASE CHECK ALL THAT YOU ARE REGISTERING FOR:

<input type="checkbox"/> French Lick Casino (Feb 24) \$21	<input type="checkbox"/> Indians Baseball Game (Jul 21) \$30	French Lick Casino Player Card # (if applicable) _____
<input type="checkbox"/> Indiana Flower & Patio (Mar 16) \$30	<input type="checkbox"/> Indiana State Fair (Aug 11) \$28	
<input type="checkbox"/> French Lick Casino (Mar 24) \$21	<input type="checkbox"/> French Lick Casino (Aug 25) \$21	<i>Trip fees must be paid in full in order to be placed on trip roster.</i>
<input type="checkbox"/> Indpls. Museum of Art (Apr 7) \$20	<input type="checkbox"/> Amishville (Sep 9) \$42	
<input type="checkbox"/> Indy Motor Speedway (May 21) \$25	<input type="checkbox"/> French Lick Casino (Sep 22) \$21	
<input type="checkbox"/> French Lick Casino (May 26) \$21	<input type="checkbox"/> Covered Bridge Fest (Oct 14) \$25	
<input type="checkbox"/> Lake Monroe Cruise (Jun 16) \$28	<input type="checkbox"/> French Lick Casino (Oct 27) \$21	Total Fees Due: \$ _____
<input type="checkbox"/> French Lick Casino (Jun 23) \$21	<input type="checkbox"/> French Lick Casino (Nov 17) \$21	
<input type="checkbox"/> French Lick Casino (Jul 7) \$21	<input type="checkbox"/> Circle Center Mall (Dec 1) \$20	

To Register:

Mail or bring in completed registration form & payment to:

Monroe County Parks & Recreation
214 W. 7th St., Suite 110
Bloomington, IN 47404
Or fax to: 812-349-2899

For more information call:

812-349-2800

Amount enclosed \$ _____	Payment method: Cash <input type="checkbox"/> Check <input type="checkbox"/> MC/Visa/Discover <input type="checkbox"/>
Credit Card # _____	Exp. Date _____
Name on card _____	Signature _____



Monroe County
Parks and Recreation

214 West Seventh Street, Suite 110
Bloomington, Indiana 47404