

IT'S EASY TO REGISTER!



ONLINE!
carolinerecreation.org

CCRP
 107 South 4th St.
 Denton, MD 21629

Registration begins today and will continue until the class maximum has been reached or until 5 working days before the start of class. If there is not sufficient registration at that time, the class will be canceled!



WALK-IN!
 James F. Fretterd Community Center
 107 South 4th Street
 Denton, Maryland
 Monday-Friday, 8:30 a.m.-5:00 p.m.



PHONE-IN!
 Call 410-479-8120
 MasterCard, Visa, AMEX or Discover required



PROGRAM POLICIES

- Taxes at Work.** These programs are funded in part by taxes paid by Caroline County citizens. Registrants who do not live in the county or pay property taxes are required to pay a non-resident fee equivalent of \$5.
- A full refund less a \$5 service charge** will be given if a participant withdraws from a class at least 5 days prior to the first scheduled day. A refund will be given during the first half of the scheduled program only for an illness. Doctor's excuse must be presented at time of request. Refund will be prorated and a \$5 service charge will be applied. Refunds will not be given for any reason during the second half of a scheduled program.
- A full refund less a \$5 service charge** will be given for all trips pending resale of reservation.
- Registration is not confirmed in writing.** Go directly to the program unless we notify you about a problem processing your registration.
- Other policies** include the Department's right to...
 - Cancel a program for any reasonable cause.
 - Deny registration or entry into a program when it deems necessary to assure public safety.
 - Expel a child from a program with no refund after notifying parent of disciplinary problems.
 - Photograph programs and participants for publicity purposes.
 - Adjust any of the program details printed in this brochure including fees, locations, Coordinators, times, days & dates.

Please mail form to: Caroline County Recreation & Parks 107 South 4 th Street, Denton, MD 21629		For office use only Initials Date Check# Cash Total	
Participant's Name (First/Last): <i>(one form per person please)</i>			
M/F:	Age:	Date of Birth:	Grade:
Adult/Guardian/Parent: Date of Birth:		Cell Phone:	Provider:
Address:		<input type="checkbox"/> I would like to receive text messages.	
City:	Zip:	Home Phone:	
Email Address:		Work Phone:	
Class Name:	Class: #	Fee: \$	
Class Name:	Class: #	Fee: \$	
Out of county residents must add \$5 to each class fee.			
<input type="checkbox"/> Please mail my brochure for an additional \$5 for a one year subscription.			
TOTAL ENCLOSED:			\$
Method of Payment: (check one)			
<input type="checkbox"/> Check or money order <i>(payable to Caroline County Commissioners)</i>		Driver's License Number	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Cash			
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Expires:		Signature:	