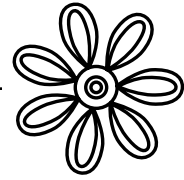


REGISTRATION FORM



ONEIDA FAMILY FITNESS, ADVENTURE, ONEIDA NATION ARTS PROGRAM, CEC

Please contact the Recreation Dept. to register for their programs.

Today's Date: _____

Last Name: _____ First Name: _____

Birth Date: _____

Last Name: _____ First Name: _____

Birth Date: _____

Last Name: _____ First Name: _____

Birth Date: _____

Home Address: _____ City, State, Zip: _____

Telephone: Work: _____ Cell: _____ Evening: _____

E-mail Address: _____ Confirmation Preference? E-mail Mail

If Child,
Name of Parent/Guardian: _____

If Child, Grade School Level: _____ School Attending Fall 2017: _____

Scholarship Request: Yes No Please include letter from school verifying free or reduced lunch.
(For Fitness, Adventure, Arts and CEC Camps only.)

Camps/Classes Requested: _____ Date _____ Cost _____
_____ Date _____ Cost _____
_____ Date _____ Cost _____
_____ Date _____ Cost _____
_____ Date _____ Cost _____

Total – Events: Add up all events to get your sub-total \$ _____

Sorry, refunds are not available.

PAYMENT TYPE:

Cash Check _____ Amount Received: _____ Date paid: _____

Staff Initials: _____

Submit form to CEC: Info: (920) 496-5256 or Email as an attachment to Kim at kwurst@oneidanation.org