

CITY OF PLACENTIA COMMUNITY SERVICES DEPARTMENT

ACTIVITY REGISTRATION FORM – PLEASE PRINT & FILL OUT COMPLETELY

Last Name of Parent or Adult		First Name		Birth date	
Address					
City		State		Zip Code	
Home Phone			Cell Phone		Work
Email					
First Name of Participant	Birth date	Gender	Course Code	Course Name	Fee
				Total Fees	

In consideration of your accepting this registration, I/We hereby agree to indemnify and hold harmless the City of Placentia and any of it's officers, agents, or employees from any liability claim or action for damages resulting from or in any way arising out of the participation in this program by the person(s) registered. Additionally, the above registered participants give permission to the City of Placentia to be photographed and to use such photographs in the promotion of City sponsored activities.

Signature _____

Date _____

Make checks payable to: City of Placentia
Mail to: Placentia Community Services
 401 E. Chapman Ave
 Placentia, CA 92870

FORM OF PAYEMENT <input type="checkbox"/> POSTED _____ <input type="checkbox"/> CASH _____ <input type="checkbox"/> CHECK _____ <input type="checkbox"/> CREDIT CARD _____

CREDIT CARD INFORMATION
Holder's Name
Type: Visa / Master / AMX / Disc. Exp. Date
Number and CVC