



Metamora Park District
 PO Box 633 Metamora, IL 61548
 (309) 367-2932
 director@metamoraparks.org

REGISTRATION FORM

Refund policy: refund only available if MPD cancels class, or participant gives 5 business days notice of inability to attend. Allow two weeks processing for all refunds.

YOUR CONTACT INFORMATION

Name

Address

City/State/Zip

Phone

Email (Confirmation materials will be emailed to you.)

PARTICIPANT AND PROGRAM INFORMATION (in district pricing for those that receive a water bill)

Participant's Name	Age	Program Code	Cost

PAYMENT: Check/Cash Online (Pay Pal) Total Amount Due \$ _____

EMERGENCY INFORMATION – Who should we contact in emergency? Include parent/guardian in this list.

_____ Name	_____ Phone 1	_____ Phone 2
_____ Name	_____ Phone 1	_____ Phone 2

HEALTH INSURANCE

_____ INSURANCE COMPANY	_____ POLICY HOLDER	_____ POLICY NUMBER
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Allergy information or Special information:

For Office Use Only

Payment: Cash Check # _____ Paypal Date: _____ Processed by: _____