



501 N. Morton St., Suite 100, Bloomington, IN 47404
Fax (812) 349-2899 ♦ mcpr@co.monroe.in.us
mcparksandrec.org

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 _____

PROGRAM YOU ARE REGISTERING FOR: _____

Total Fees Due: \$ _____

*Fees must be paid in full
in order to reserve
a spot on roster!*

**Mail or bring in completed
registration form & payment to:**

**Monroe County Parks & Recreation
501 N. Morton St. Suite 100
Bloomington, IN 47404**

**Or fax to:
812-349-2899**

Amount enclosed \$ _____ Payment method: Cash Check MC/Visa/Discover

Receipt Number _____ Date Received _____

Credit Card # _____ Exp. Date _____

Name on card _____ Signature _____

For more information call 812-349-2800