

Town of Bethel Parks and Recreation Trip Registration Form

Name of Trip: _____

Name of Registrant: _____

Mailing Address: _____

Phone Number: _____ E-mail _____

Name and ages (youth only 0-21 years old) of people attending the trip:

Special concerns or considerations: _____

FOR OFFICE USE ONLY:

Amount Paid: _____ Check # _____ or Cash _____