



Today's Date: _____
2024 Registration Form
 Please print clearly. Missing information
 will delay your registration.

Save Time - Register online at BloomingtonParks.org!

Adult Account Contact

FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		

Additional Family Members

FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		
FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		
FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		
FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		
FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		
FIRST & LAST NAME	GENDER	BIRTHDATE
ALLERGIES/MEDICATIONS:		

Household Information

Check here if you have registered in the last year and all information is correct. Otherwise please fill in information below.

Address, City, State, Zip _____
(Please list Apt. #)
 Phone _____ E-Mail Address _____

Emergency contact _____
 (Please list someone other than family members above.)

Flip over to continue registration.

In order to process your registration correctly - form must be filled out completely

Please list a 2nd choice if there is one in case a program is full

Registrant's 1st Name	Full Class Name	Location	Session (Start Date)	Day	Time	Cost

Return form to

- Mail - Parks, PO Box 3157, Bloomington, IL. 61702-3157, Fax - (309) 434-2483 or
- Drop-off registration form:**
The Hub (open 8:00AM-4:30PM)
115 E. Washington St., Suite 103, Bloomington, IL. 61701
- Make a copy of the form or attach a separate piece of paper if additional lines are necessary.
- Checks Payable to: City of Bloomington

Charge Information - Visa, Mastercard, Discover and American Express. Not necessary if paying by check or cash.

Credit Card Number	Expiration Date
Card Holder (<i>print name</i>)	Payment Amount
Authorized Signature	CVV #