



The City of Westminster



Recreation & Parks Department Registration Form

Name of Parent or Adult Registrant _____

Name of Child _____ M F Age/Grade _____

Home Address _____ Zip _____

Phone _____ Email Address _____

Events are for parent/child couples only. No Exceptions! Tickets will be checked at the door.

Event	Quantity	Price	Total
Mother/Son Date May 11		\$60	
Daddy/Daughter Date May 18		\$60	
Mother/Son Date October 5		\$60	
Daddy/Daughter Date October 12		\$60	
ALL TICKETS ARE NON-REFUNDABLE!		TOTAL	

Please see back of form if you are purchasing a full table/tables

Photographic Release: I permit the Recreation & Parks Department to use and publish photographs of me and/or my children for purposes of presenting recreational activities to the community. I also give my permission to release such photographs to the news media in support of the program. _____ (Please Initial)

For parent/child DATES: Formal wear or theme dress is appropriate. Come as you please. There is a \$10.00 additional charge to order an adult meal for children.

The City of Westminster will charge a \$35 fee on any returned check received. All tickets are non-refundable.

I agree to abide by all Rules and Regulations of The City of Westminster Recreation & Parks Department and the Westminster Family Center. On behalf of myself and my child, I agree to hold The City of Westminster, its agents, servants or employees harmless from any and all claims or liability arising from the conduct of any related activities. The undersigned further acknowledges and agrees that The City of Westminster shall not be liable for any acts, omissions or negligence of the leaders (or any of their agents, servants or employees) or other participants in the program. I hereby consent to my child's/children's participation in this/these programs.

Parent/Legal Guardian Signature _____ Date _____

Make Checks payable to The City of Westminster, 11 Longwell Avenue, Westminster, MD 21157

For more information: 410-857-9072 or 410-848-9000 fax: 410-848-8310 www.westminstermd.gov

Method of Payment: Payment is due at time of registration to secure reservation	
Cash	Check # _____ Visa MasterCard Discover (Circle One)
Card Number _____	Expiration Date _____ V-Code _____
Signature _____	Date _____

