

# APPLETON PARKS & RECREATION Program Registration Form

(Please Print)

FAMILY LAST NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

FIRST NAME OF PARENT(S) OR GUARDIAN(S) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**DO YOU LIVE INSIDE THE CORPORATE CITY LIMITS OF:  
APPLETON? YES \_\_\_\_\_ NO \_\_\_\_\_ MENASHA? YES \_\_\_\_\_ NO \_\_\_\_\_**

Persons living outside the corporate city limits of Appleton must pay the non-resident fee. (Except for those living in the corporate city limits of Menasha, as per our reciprocity agreement.) Living in the Appleton Area School District and/or having Appleton as part of your address does not mean you live within the corporate city limits of Appleton.

**A resident is defined as** any individual who resides within the corporate city limits of Appleton. **A non-resident is defined as** any individual who resides outside the corporate city limits of Appleton.

PARTICIPANT'S FIRST NAME	PARTICIPANT'S BIRTH DATE	CLASS NAME	1 <sup>ST</sup> CHOICE CLASS NUMBER	2 <sup>ND</sup> CHOICE CLASS NUMBER	FEE

Complete the Household Information Form below ONLY if you have not previously submitted the information. Please do not complete this section if you have already submitted it unless your household information has changed. If resubmitting, proof of residency may be required – enclose a photo copy of driver's license or utility bill (electric, water, phone, credit card).

**Spouse and children information:**

FIRST NAME	LAST NAME	MALE (M) or FEMALE (F)	DATE OF BIRTH	CURRENT GRADE

**MAKE CHECKS PAYABLE TO:** CITY OF APPLETON  
**MAIL TO:** CITY OF APPLETON, Parks & Recreation  
100 N. Appleton St., Appleton, WI 54911

FOR OFFICE USE ONLY			
RCD \$ _____	BY _____	DATE _____	
Check # _____	Cash _____	Credit Card _____	
PB _____	RECEIPT _____	DATE _____	

**Reminder: did you attach proof of residency?**  
This form may be duplicated.