

# Carlyle Recreation Dept.

## ACTIVITY REGISTRATION FORM

Event Registering For: \_\_\_\_\_

Price of Event (if applicable): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Age of Applicant: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shirt Size (if applicable): \_\_\_\_\_

**City of CARLYLE • PARKS & RECREATION**

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