

Town Recreation Program Registration Form

Town or City Residency Required

Name: _____ Age: ____ Birth date: _____

Address: _____

Phone number: _____ Email address: _____

Session(s) attending: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
(check all that apply)

Week(s) attending: 1 – Week of July 8th
(check all that apply) 2 – Week of July 15th
 3 – Week of July 22nd
 4 – Week of July 29th
 5 – Week of August 5th
 6 – Week of August 12th

Emergency Contact Information

Contact: _____ Phone number: _____

Parent/Guardian: _____

Medical Conditions: _____

Email registration form to spierce@townofcanandaigua.org or
Mail to:

Town of Canandaigua
Attn: Samantha Pierce
5440 Route 5&20 West
Canandaigua, NY 14424

Please provide a separate form for each participant.