

Registration Form—Spring 2010

Advance payment is required for all programs. NO REGISTRATION AT PROGRAMS OR BY PHONE. To ensure a spot in the program(s) of your choice, mail in payment and registration form as soon as possible. Residents of the West & Northwest consortium of cities and Members receive priority registration up to the deadline. Registration is then open to non-residents (unless program is full). Guaranteed Registration for residents/members 2/15—2/22. Priority registration 2/23—3/21. Open Registration 3/22

Name: _____ Gender: _____ Birth date: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email _____

Emergency Contact: _____ Emergency Phone: _____

Please Check ALL That Apply

- DISABILITY DIAGNOSIS: Developmental Disability (MR or unspecified) Level: Borderline Mild Moderate Severe (circle one)
- Autism Aspergers/PDD Cerebral Palsy Down Syndrome FAS Prader-Willi Williams Synd. TBI ADD/ADHD
- Emotional/Behavior Disorder Epilepsy/Seizure Disorder Mobility Impaired Blind/Vision Impaired Deaf/Hearing Impaired
- Uses Wheelchair Other Disability or Mental Health Issues _____

OTHER SPECIAL NEEDS Allergies/Medical Cond./Special Diet.: _____

Photo Waiver: My photo may be taken at Reach programs and used for promotional materials, unless I check below:
 No, I DO NOT wish to have my photo used.

Social Worker: _____ Social Worker's Phone: _____

Parent(s)/Guardian(s): _____ Parent/Guardian's Phone: _____

Home Address: _____ City: _____ Zip: _____

Parent(s) E-Mail: _____ Parent(s) Cell or Work Phone: _____

- Annual Household Income: \$0 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - 99,999
 \$100,000 - \$124,999 \$125,000 - \$149,999 \$150,000 - \$174,999 \$175,000 - \$199,999 \$200,000+

I, the undersigned, certify that the above information is accurate. I understand that participation in this activity is completely voluntary and the activity is being offered for the benefit of the participant. Reach for Resources shall not be liable for any claims, injuries, or damages of whatever nature, incurred by the participant arising out of, or connected with, the activity. On behalf of myself and the participant, I expressly forever release and discharge Reach for Resources, its agents or employees, from any such claims, injuries or damages. I have received a copy of Notice of Privacy as required by HIPAA. I have read, understood and agree to these privacy practices.

Legal Guardian: _____ Date: _____

**Spring
2010**

<input checked="" type="checkbox"/> Youth Programs	Resident/Non-Res
<input type="checkbox"/> Youth/Teen Bowling Doyle's	\$35.00 / \$43.00
<input type="checkbox"/> Youth/Teen Bowling Park Tav	\$35.00 / \$43.00
<input type="checkbox"/> Family Yoga (# attending _____)	\$50.00 / \$58 (+\$20)
<input type="checkbox"/> Teen Explorers	\$40.00 / \$48.00
<input type="checkbox"/> Girls Club	\$30.00 / \$38.00
Special Events	
Bowl-A-Thon— FILL OUT FORM ON PAGE 10	
<input type="checkbox"/> Empowerment Banquet	
<input type="checkbox"/> Weekend Ventures	Send me Info

<input checked="" type="checkbox"/> Adult Programs	Resident/Non-Res
<input type="checkbox"/> Adult Bowling Doyle's	\$35.00 / \$43.00
<input type="checkbox"/> Adult Bowling Park Tavern	\$35.00 / \$43.00
<input type="checkbox"/> Adult Bowling Earle Brown	\$35.00 / \$43.00
<input type="checkbox"/> Adult Yoga	\$40.00 / \$48.00
<input type="checkbox"/> On the Town I	\$20.00 / \$28.00
<input type="checkbox"/> On the Town II	\$20.00 / \$28.00
<input type="checkbox"/> Club West	\$40.00 / \$48.00
<input type="checkbox"/> Wednesday Night Social	\$40.00 / \$48.00
<input type="checkbox"/> Walking Club	\$25.00 / \$33.00

****REMINDER:** Clients living in Crystal, New Hope and Robbinsdale are no longer considered residents. See page 4 for details.**

Please mail completed form with payment to
 REACH at 1001 Highway 7, #217 Hopkins, MN 55305

Program Total:	\$ _____
Donation to support REACH programs (optional):	\$ _____
Total Enclosed:	\$ _____

Approved by _____ Date _____ Initials _____	Amt Pd \$ _____ Ck# _____
Registered by _____ Date _____ Initials _____	Cash _____ Waiver Exp _____
Pymt Rec'd by _____ Date _____ Initials _____	_____ Schedule Sent by _____ Date _____ Initials _____
<input type="checkbox"/> DB Entry Complete	

I have a Waiver AND I have made arrangements with the County for Reach to bill them directly for my recreation programs. (If not, you must pay for programs when registering)



2010 BOWL-A-THON REGISTRATION



You must be registered in order to bowl. We will send you a pledge packet when we receive your registration form.
Registration Deadline: April 1, 2010

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Email: _____

Please register me for:

Bowling and Lunch—\$40 minimum pledges or donation (Pledges should be turned in at the event)

_____ I am bowling alone

T-Shirt Size: S M L XL XXL [adult sizes only]
(circle one)

_____ I am bowling with a team*

Other team members:

*(Note: ALL Team Members must fill out their own registration form)

Lunch Only—My \$15 donation is enclosed (checks payable to Reach for Resources).

I am unable to participate, but enclosed is my donation of \$_____. (checks payable to Reach for Resources).

Photo Waiver: Photos may be taken at the Bowl-A-Thon and used in Reach publications. If you DO NOT want your photo used, initial here: No, I do not want my photo used _____