



# ORANGEVALE RECREATION & PARK DISTRICT

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<b>Office Use Only:</b>	
Rec #:	
Date:	Int:

Adult/Guardian Name:					
Address:				City:	Zip:
Home Phone:		Cell Phone:		Text: Y / N	
Email Address:					
Participant Name	M/F	DOB	Session(s)	Shirt Size	Fee
1.					
2.					
3.					
4.					
5.					
6.					
<b>Total Fees:</b>					<b>S</b>

<b>Notes:</b>
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Payment Methods: Credit Card	Check	Cash
Credit Card #	CVV:	Exp:
Name on Credit Card (Print)		

Participant / Guardian Name (Print)

Participant / Guardian Signature

Date