ATTENTION CUSTOMER

Please return the entire signed and completed Program Application, along with your check payable to **"County of Ocean"** and mail to:

Ocean County Parks & Recreation, ADMINISTRATIVE OFFICES,
1198 Bandon Road, Toms River, N.J. 08753-3138.

OCEAN COUNTY PARKS & RECREATION
PROGRAM REGISTRATION APPLICATION

PLEASE PRINT:

LAST NAME: _____ FIRST: _____

ADDRESS: _____

APT # OR BLDG _____ TOWN: _____

STATE: _____ ZIP: _____ – _____ (4 digit extension)

HOME PHONE # _____

BUSINESS PHONE # _____ ext. # _____

Total Amt. Enclosed: $ _____ *Check #:* _____

Upon completion of this application, please sign the **Claimant's Certification & Declaration** box below. In the event a program refund is necessary, for programs costing more than $15.00 per person, this application will serve as a County Refund Voucher.

County of Ocean - Parks & Recreation
Vendor Claimant's Certification & Declaration

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that no bonus has been given or received by any person or persons within the above claim; that the amount therein stated is justly due and owing.

X _____ X _____
Participant's Signature Today's Date

STAFF USE ONLY:

Program # _____ **Refund Amt** _____ **Refund Date** _____

Program # _____ **Refund Amt** _____ **Refund Date** _____

Program # _____ **Refund Amt** _____ **Refund Date** _____

Program # _____ **Refund Amt** _____ **Refund Date** _____

C.P. 144

PROGRAM #	TITLE	LOCATION	TIME/DATE
Last Name, First & Date of Birth			FEE
PROGRAM #	TITLE	LOCATION	TIME/DATE
Last Name, First & Date of Birth			FEE
PROGRAM #	TITLE	LOCATION	TIME/DATE
Last Name, First & Date of Birth			FEE
PROGRAM #	TITLE	LOCATION	TIME/DATE
Last Name, First & Date of Birth			FEE
PROGRAM #	TITLE	LOCATION	TIME/DATE
Last Name, First & Date of Birth			FEE
PROGRAM #	TITLE	LOCATION	TIME/DATE
Last Name, First & Date of Birth			FEE
PROGRAM #	TITLE	LOCATION	TIME/DATE
Last Name, First & Date of Birth			FEE
PROGRAM #	TITLE	LOCATION	TIME/DATE
Last Name, First & Date of Birth			FEE