## **\*\*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 # ( )	
	ext. <u>#</u>
EMERGENCY #: ( )	
CELL #: ( )	
E-MAIL ADDRESS:	
	Check #
Upon completion of this application, plo	ease sign the Claimant's Certification 8

**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.

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