## **REGISTRATION INFORMATION**

- Ways to Register: Mail-In or Walk-In. LTP&R hours are Monday - Friday: 8 am - 4 pm. Address: 155 S. Limerick Rd., Limerick, PA 19468
- Classes are filled on a first come first served basis...register early.
- Pre-registration is required for all programs unless otherwise noted.
- Payment must accompany registration form.
  Cash, Check or Credit Cards are accepted. Please make checks payable to "Limerick Township"
- Insufficient Funds: A \$20 fee will be charged back to participant for each returned check.

Signed Registration /Hold Harmless forms are required for participation in LTP&R programs/trips - these forms are a contract of understanding between you and LTP&R. Signed registration forms are required to process your registration and for participation in recreation programs/trips.

## **Credit Cards payment information**

MasterCard, Discover & Visa are accepted. A third-party convenience fee will apply to card-holders who wish to pay via credit card. This fee is required in order to allow the Township the option to accept payments via credit card. Govt Portal is an authorized third-party processor of these regulated convenience fees. This fee will be 2.75%.

## **Cancelation, Transfer & Refund Policy**

 Limerick P&R reserves the right to cancel any program or activity due to insufficient registration. A full refund will be issued.

## **LTP&R Cancelation Policy**

- Refunds are not given for bus trips or once a program begins.
- Request of cancelation 3 days prior to the start of a one day program will result in full program fee refund minus a \$10 administration fee.
   Cancelation after this will result in half of program fee returned minus a \$10 administrative fee.

There is \$10.00 per person administration fee for any cancellation processed.

LIMERICK TOW	NSHIP PARKS & RECREATION - I	RECREATION PROGRAM REG	ISTRATION	FORM
(PLEASE PRINT) [ ] Male [	] Female PLEASE PRINT CLEARLY A	ND FILL IN ALL FIELDS BELOW		
Participant Name:		Date of Birth:	JJ	Age:
Address:	Ci	ty:	State:	Zip:
Phone (H):	Self/Mom (CELL)	Self/Dad (CELL)		
<i>If child is under 18</i> : Parent's or Guardian	's Name:			
E-mail address:				
Recreation	n Program/Trip Name	Day/Dates	Time	Fee
1.				\$
2.				\$
3.				\$
		TOTAL PAYMENT DUE:		
by Limerick Township. In consideration Fownship of Limerick, its employees, a above named program(s)/trip(s). In ad the right to dispute all proper charges	eby give the above named participant permiss of participation in the above named recreation gents and volunteers against any claims for an dition, I understand and abide by the cancellationce he/she have participated in the program ardian (if under age 18):	on program(s)/trip(s), I/we do hereby agrand on account of any and all injuries sustation and refund policies of LTP&R as state /trip for which a registration is received.	ee to hold harm ined as a result ed for program(s	less and indemnify the
PAYMENT METHOD: [ ] C	ash [ ] Check #	[ ] Credit Card: Ma	asterCard	Discover Visa
Credit Card #:		Exp. Date	/	CVC #:
	rick Township for the amount above and unde ment via credit card. I further agree that such being paid.	· · · · · · · · · · · · · · · · · · ·		-
Name (as listed on card):		Signature:		