

CUMMING RECREATION & PARKS DEPARTMENT

Mailing Address

P. O. Box 34
Cumming, GA 30028

Street Address

410 Pilgrim Mill Rd.
Cumming, GA 30040

DATE _____

(PLEASE PRINT CLEARLY)

NAME OF PARTICIPANT _____	HOME # _____
ADDRESS _____	WORK # _____
CITY _____ ZIP _____	YS YM YL AS AM AL AXL (CAMP SHIRT)
BIRTHDATE _____ AGE _____ SEX _____	GRADE _____ SCHOOL _____

MOTHER'S NAME _____ CELL # _____ WORK # _____
FATHER'S NAME _____ CELL # _____ WORK # _____
EMERGENCY CONTACT _____ RELATION _____ TEL # _____
PARENTS E-MAIL _____
ILLNESS _____ ALLERGIES _____
PHYSICAL DISABILITIES OR PROBLEMS _____
PRESCRIPTIONS TO BE DISPENSED? _____

PROGRAM _____ AGES _____ FACILITY _____
STARTING DATE/TIME _____
PROGRAM FEE _____ AMT PAID _____ CASH _____ CK # _____ BALANCE _____

REFUND POLICY

In order to receive a refund of registration fee for any program, the Cumming Recreation and Parks Department must be informed of the participant's withdrawal 5 working days prior to the first day for Camps and 2 working days prior to the first day for all other programs.

All persons are invited to participate in & use all facilities of the Cumming Recreation and Parks Department, regardless of race, color or national origin.

MAYOR OF CUMMING

H. Ford Gravitt

CITY ADMINISTRATOR

Gerald Blackburn

ASSISTANT ADMINISTRATOR

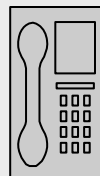
Steve Bennett

CITY COUNCIL

Quincy Holton
Lewis Ledbetter
Ralph Perry
John D. Pugh
Rupert Sexton

RECREATION DEPARTMENT STAFF

Greg Little, Director
Reba Castleberry, Administrative Assistant
Matt Payne, Athletic Coordinator
Sandra Bennett, Program Coordinator
Michelle Honea, Program Assistant
Jack Search, Maintenance Coordinator
Matt Pirkle, Maintenance Assistant
Josh Smith, Maintenance Assistant
James Rodriguez, Maintenance Assistant



PHONE # 770-781-2030
FAX# 770-781-3485

Office Hours: 8:30am-4:30pm Mon.—Fri.