## BURLINGTON TOWNSHIP RECREATION SPRING SPORTS REGISTRATIONS

Mailing Address: 851 Old York Road, Burlington, NJ 08016 Physical Location: 1101 Lake Ave., Burlington, NJ 08016 Phone: 609-387-2775 Fax: 609-387-1109 Email: <a href="mailto:btrecdept@comcast.net">btrecdept@comcast.net</a>

Register in person at the Recreation Building, 1101 Lake Avenue, on above dates or Monday-Friday 8:30 am - 3:30 pm after December 12, 2015. A drop box is now located at the Recreation Office for after business hours only if the child/children have previously participated in our sports programs and all uniforms/equipment have been returned.

\*\*FIRST TIME REGISTRANTS MUST REGISTER IN PERSON DURING ABOVE HOURS. A COPY OF CHILD'S BIRTH CERTIFICATE

& PROOF OF RESIDENCY ARE REQUIRED. \*\*

\*Note: Late registrations could be placed on a wait list.\*

\*NOTE: As of 1/1/09, a registration processing fee will be charged per individual, per program, per season at the time of registration, except for "clinic" programs. Only money orders or checks to "Burlington Twp. Rec. Dept." will be accepted. NO CASH! Once the registration is accepted, refunds/credit will only be made in limited circumstances, as defined by policy.









Date Rec.

NAME				
(FIRST)	(MIDDLE)		(LAST)	
ADDRESS	PHONE			
E-MAIL ADDRESS		SEX		
MEDICAL CONDITIONS	GR/	ADE	BIRTHDA	ATE
	MITED TO (2) PROGRAMS PER SEA ASE NOTE ATTACHMENT WIT			
AEROBICS (FEE \$3	30) Co-ed Ages 18+ EE \$30) Adults Ages 18+	R &	B LINE DANC	CING (FEE \$30)-Co-ed 18+
BASKETBALL (FE	EE \$30) Adults Ages 18+	<u>VC</u>	LLEYBALL	(FEE \$30) Co-ed Ages 18+
	30) Age 5 to 12 yrs. by 4/30/1			
BABE RUTH BASE	BALL (Travel) (FEE \$60) A			
				AS AM AL AXL A2XL
	<u> ASEBALL (</u> Travel) (FEE \$9			
	<u>BALL TEAM (</u> RVL LEAGU			
ROLLER HOCKEY	(FEE \$30) Age 6 (by 10/1/			
Shirt Size: YM YL AS AM AL AXL A2XL				
SOCCER (South Jer	sey Travel) (FEE \$60) 3 <sup>rd</sup> (	Grade thr	u 8 <sup>th</sup> Grade Bo	orn 8/1/2001 or After
SOCCER (Friendshi	p-Travel) (FEE \$30) 3 <sup>rd</sup> Gr	ade thru	8th Grade Bor	n 1/1/2001 or After
SOCCER (Non-Trav	el) (FEE \$30) Kindergarter	n (Age 5 l	by 10/1/15) thr	u 5 <sup>th</sup> Grade
SOCCER CLINIC	(NO FEE) Age 4 (by 10/1/1:	5)		
SOFTBALL (FEE S	830) Age 6 (by 1/1/16) thru 8	8 <sup>th</sup> Grade		
TRACK (Travel) (F.	EE \$30) Ages 6 to 15			
	CECNIA	TIME OF	OABENTE OD Y	ECLAF CYLADSYANT
(Ry Signing This Form You Ag	SIGNA I ree To Return All Equipment/Uniforms .			As The Program Is Completed)
(by signing this form for Ag	ree 10 Return Att Equipmenti Ongornis .	10011611 1 (7) 1	ан пефаноп Аз 500н	
	ACHING:AS			OFFICE USE ONLY
CAN YOUR EMAIL ADDRESS B	E RELEASED TO THE BTSC FOUN	NDATION?	YESNO	Check or Money Order
				#
PLEASE DO NOT RE	TURN THIS FORM TO	<b>SCHO</b>	OL	Amount