

Continuing Swing Classes



**Friday
Nights**

Sept 15th - Oct 27th

at the Malta Community Center

**Pre-Register for the
Entire 7 week Session
& SAVE \$\$\$**

Only \$77/7wks
Malta Residents Save 10%



For a complete class and event schedule
www.SpaCitySwingers.com

7:30-8:30pm

**GREAT NEW MOVES
& Tons of FUN!**

Join ANYTIME!!!
Drop-Ins \$15/week!

**EXPERIENCED Swing Dancers Only!*

1. ADULT PARTICIPANT OR PARENT/GUARDIAN INFORMATION



Last Name _____ | First Name _____ | D.O. B. ____/____/____ | Malta Resident Yes No

Address _____ | City _____ | State _____ | Zip _____

(____) (____) (____) (____) (____) (____) | (____) (____) (____) (____) (____) (____) | Cell Phone _____

Home Phone _____ | Work Phone _____

Email Address _____ | Emergency Contact Name/Phone _____

Check this box to receive e-mails from the Malta Department of Parks, Recreation & Human Services. Transactions confirmations, links to receipts, information about programs, events and classes and facilities are communicated via email. Email addresses are for Department use only and will not be shared.

2. READ & SIGN THE WAIVER

I have read and fully understand the policies and the Town of Malta Assumption of Risk on the reverse side of this form. I understand my signature, or primary guardian's signature (if under 18), is required to take part in Malta Parks & Recreation programs.

Signature of Participant or Parent/Guardian _____ Date _____

3. TELL US WHAT YOU ARE REGISTERING FOR (PLEASE FILL OUT COMPLETELY.)

PARTICIPANT'S NAME (FIRST, LAST)	GRADE	BIRTH DATE	SEX	CODE	PROGRAM NAME	FEE
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			

4. COMPLETE PAYMENT METHOD

TOTAL AMOUNT DUE: \$ _____ Cash Check # _____ Visa MasterCard Make checks payable to Town of Malta.

Cardholder Name: _____ Authorized Signature: _____

Credit Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ CVC Code: _____
(Card Verification code)

5. LET US KNOW OF ANY SPECIAL NEEDS

We welcome individuals with disabilities. Please describe any accommodations needed for successful inclusion in the program(s): _____

6. RETURN

By Mail: Class Registration, Malta Community Center
1 Bayberry Drive
Malta, NY 12020

By Fax: 899-4448
(Credit cards only)

Cancellation Policy: Since the fees collected must offset personnel and other program expenses, any requests for a refund or credit must be made a full week prior to the start of class. Requests after this time will not be considered. There will be a \$5 service charge for each activity refund although there is no service charge for accepting a credit on your account. Only amounts greater than \$10 will be refundable. For refund requests under \$10, money will be applied to customer account. In the event that an activity is filled or cancelled, a full refund will be made. Please allow up to four weeks for refunds to be issued.

Camp Malta and **Malta Summer Recreation Programs** require additional information and forms to be completed. Please inquire with staff for those Registration Packets. This form is not applicable for those programs.

T-Shirts (If Applicable)

Select programs receive participation shirts. If so, please indicate the shirt size next to the participant's name using the following sizes.

YS (6-8) YM (10-12) YL (14-16) AM AL AXL