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 PHONE # _____

BUSINESS PHONE # _____ ext. # _____

E-MAIL ADDRESS _____

Total Amt. Enclosed: $ _____ *Check #:* _____

Upon completion of this application, please sign the **Claimant's Certification & 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 of its particulars; that no bonus has been given or received by any person or persons within the above claim; that the amount therin stated is justly due and owing.

It is understood and agreed that park visitors and participants in Ocean County Park System programs, activities, and events may have their pictures used, without fee, in broadcast, telecast and print media for promotional and publicity purposes.

X _____ X _____
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
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Last Name, First & Date of Birth			FEE