



# Howard County

## RECREATION & PARKS

### Registration Form

Phone: 410-313-7275 (voice/relay)

Fax: 410-313-4658

www.howardcountymd.gov/rap

7120 Oakland Mills Road, Columbia, Maryland 21046

RP \_\_\_\_\_ . \_\_\_\_\_

Course Number	Program Title	Participant Name
		<input type="checkbox"/> Male <input type="checkbox"/> Female   / /
Address if Different From Payer		Date of Birth

RP \_\_\_\_\_ . \_\_\_\_\_

Course Number	Program Title	Participant Name
		<input type="checkbox"/> Male <input type="checkbox"/> Female   / /
Address if Different From Payer		Date of Birth

RP \_\_\_\_\_ . \_\_\_\_\_

Course Number	Program Title	Participant Name
		<input type="checkbox"/> Male <input type="checkbox"/> Female   / /
Address if Different From Payer		Date of Birth

PAYMENT OPTIONS

**Cash/Check**    Cash \$ \_\_\_\_\_    Check # \_\_\_\_\_ \$ \_\_\_\_\_

Make checks payable to **Director of Finance; Howard County**  
 Mail to: Howard County Recreation & Parks, Attn: Registration  
 7120 Oakland Mills Road, Columbia, MD 21046

**Credit Card**    AMERICAN EXPRESS    DISCOVER NETWORK    MasterCard    VISA

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_


Account Holder Name (Print) \_\_\_\_\_

**Electronic Check Payment**    Checking    Savings

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Holder Name (Print) \_\_\_\_\_



Routing Number                      Account Number

I would like to contribute \$ \_\_\_\_\_ to the HCRP Scholarship Fund.

Male    Female   / /

Name of Payer \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address: Street \_\_\_\_\_ Work Phone 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Completing the registration process today includes an understanding that you agree to all waivers and policies of Howard County Recreation & Parks. These waivers and policies can be found in our seasonal guides, online at [www.howardcountymd.gov/recandparksforms](http://www.howardcountymd.gov/recandparksforms) and on the bottom of your receipt. If you are unable to review this in our activity guide or online, our registration office can provide you written copies upon request.

Does the participant have a disability or any special accommodation request that we need to know about?  
 If yes, please explain. \_\_\_\_\_

Does the participant have an allergy that we need to know about?  
 If yes, please explain. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_