



Please detach this form and remit with payment to:
Holton Parks and Rec. 211 W 5th Holton, KS 66436

Participants Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Age and Date of Birth _____

Parent/Guardian Signature (If Minor) _____

Class Name	Date/Time	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participants Name _____
Address _____
City, State, Zip _____
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Parent/Guardian Signature (If Minor) _____

Class Name	Date/Time	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Fees Enclosed \$ _____

Please do not send cash. Check or money order only please.