REGISTRATION

Park & Trail User Survey

As part of the County's Strategic Plan, we have developed a User Survey. Your feedback has been valuable to us as we maintain our park system and plan for the future.

Please take a moment to complete the brief set of questions. Stop by a park office or participate online at www.surveymonkey.com/s/CCPRD-Survey.

Pavilion Information

Hibernia, Nottingham and Warwick County
Parks offer pavilion rentals year-round. Pavilions
must be reserved. Reservations are accepted up to
twelve (12) months in advance, and are valid during daily
park hours. Contact the regional park office to schedule.

Friday—Sunday/Holiday

Small —R - \$50; NR - \$70 (accommodates up to 100) Large —R - \$60; NR - \$90 (accommodates up to 200)

Monday—Thursday

Small —R - \$25; NR - \$35 Large —R - \$30; NR - \$45

R = Resident of Chester County; NR = Non-Resident

Registration is required for all education programs. Children under 12 must be accompanied by an adult.

You are not officially registered for a program until the registration form and payment (if applicable) are received. All persons residing at the same address may be listed on one form for the same program.

SEND IN: Mail your registration form and check to park hosting the program.

WALK IN: Bring your registration form and payment to the park office, Monday - Friday, 8:30 AM - 4:00 PM

FAX IN: For programs not requiring a fee, forms may be faxed to the park office.

Telephone registration will not be accepted. A completed registration form is required to secure participation.

Please pre-register. Walk-in registration will only be accepted at the program if space allows.

Payment: We accept cash, checks and credit cards. Make check payable to: *Treasurer of Chester County* and note program title(s) on memo line. There is a \$50 charge for any check returned from the bank. We cannot accept a credit card to hold spaces. Refunds will be issued if the County cancels the program.

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Registration Form (Please use separate form for each program)	Please Print!
Chester County will use every precaution to prevent accidents; however, it will not be resp to accidents during its programs. I understand and agree to this statement and request that program. I agree that neither Chester County nor the instructor shall be held responsible f going to or from any program. Pictures may be taken during programs. Please let us know	at I, or my child(ren), be allowed to participate in the following or any injury to me or my child(ren) during the program or while
Program Title:	Program Date:
Program Location:	
Participant(s):	Birth Date: Birth Date: Birth Date:
Address:	Phone Number: ()
Email Address:	FAX: (<u>)</u>
Emergency Contact Name & Phone Number:	
Special Needs/ Medical Conditions:	
Total Fee \$ Signature	
FOR OFFICE USE: Date Rcv'd By	□ Walk-In □Fax Cash/Check/CC \$

Parks' contact

information is

located on the

back cover.