

WDSRA Registration Form

Complete this form and return it with the program fee to
 WDSRA, 116 North Schmale, Carol Stream, IL 60188
 Phone: 630- 681-0962 Fax: 630- 681-1262 You may also register online at www.wdsra.com.

PLEASE PRINT ALL INFORMATION BELOW COMPLETELY

Name: _____ Age: _____ Birthdate: _____ Gender: M / F
 Address: _____ City: _____ Zip Code: _____
 Billing Address (if different than above) _____
 Home Phone: () _____ Work Phone-Mom: () _____ Dad:() _____
 Cellular/Pager Number: () _____ E-Mail Address: _____
 Parents' Names _____ Park District: _____
 Emergency Contact Person: _____ Emergency Phone: () _____
 Disability: _____ T-Shirt Size: _____

PLEASE CHECK IF ANY OF THE ABOVE INFORMATION HAS CHANGED.

For your convenience: WDSRA sends written confirmation of registration.

Please note: REGISTRATIONS WILL NOT BE PROCESSED IF A FEE REMAINS FROM A PREVIOUS SEASON.

First Name	Birthdate	Program Name	Pick-Up Location	Code	Fee

OFFICE USE
Total Received
\$ _____
Paid By:
MC V C MO
Check # _____
Initials _____
Date _____

Yes! I want to have an impact by making a **Just I More** donation in the amount of \$ _____

Yes! I want to make a donation to the **JHSF** the amount of \$ _____

A current Annual Information Form must be on file in order to participate with WDSRA.
 Annual Forms are available at www.wdsra.com.

Please note: Only accepted



Cardholder Name	Account No.	Exp. Date	CVV2 No. (on back of card)	Charge Amount

Are you a new participant with WDSRA? Yes No

Parents: Are you interested in volunteering for WDSRA in the following capacity? Foundation Events In-office Help (Mailings) WDSRA Programs

YOU MUST SIGN AND DATE THIS FORM FOR YOUR REGISTRATION TO BE PROCESSED

I have read and fully understand the information on the reverse of this form, warning of risk, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the reverse to my minor child/ward.

Printed Name of Participant _____

Signature of participant (or parent/guardian if under 18) _____

Date _____