



Spring 2018 Adult Registration Form

Please refer to all registration information in the brochure!

* REGISTRATION BEGINS ON ***Tuesday January 2nd!***

Name: _____ Age _____

Address: _____

City: _____ Zip: _____ Date of birth _____/_____/_____

Parent/Guardian: (H) _____ (C) _____ (W) _____

Wheelchair Accommodations: ___ Yes ___ No

Email Address: _____

Adult Programs:

<u>Programs</u>	<u>Program Cost</u>	<u>Aide Cost</u>	Total
_____ “Branch Out” Adult Day Program	_____ 1 day/week = \$100.00 _____ 2 days/week = \$165.00 _____ 3 days/week = \$240.00 Please note which days you will be attending: ___Tuesdays ___Wednesdays ___Thursdays	Aide Fee: <i>Dependent on activity. We will notify you ahead of time.</i>	
_____ Weekend Warriors	\$25.00	\$10.00	

Adult Community Outings:

<u>Programs</u>	<u>Program Cost</u>	<u>Aide Cost</u>	Total
_____ Pasta & Pins	\$ 10	n/a	
_____ Hot Springs Day Trip	\$10	\$10	
_____ Murry’s Dinner Playhouse	\$32	\$32	
_____ Degray Lake Boat Tour	\$10	\$10	

Form of Payment- _____ Check
 _____ Cash
 _____ Waiver

TOTAL: _____

****If submitting program fees for payment by Waiver please provide the following information:**

Agency Name _____ Case Manager _____

Return with payment to:
 Little Rock Parks and Recreation
 Therapeutic Recreation Division
 7201 Dahlia Drive
 Little Rock, AR 72209