

**Parks, Recreation and Conservation
Bakas Equestrian Application**



Account #			
Registrant's Name:		Telephone	
Address			Apt/Bldg/Lot #
City		Zip	

Please list all Rider's that will attend the program:

Rider's Name	Age	D.O.B.	Disability	Sessions
				____ (1) ____ (2) ____ (3) ____ (4) ____ (5) ____ (6) ____ (7) ____ (8)
				____ (1) ____ (2) ____ (3) ____ (4) ____ (5) ____ (6) ____ (7) ____ (8)
				____ (1) ____ (2) ____ (3) ____ (4) ____ (5) ____ (6) ____ (7) ____ (8)
				____ (1) ____ (2) ____ (3) ____ (4) ____ (5) ____ (6) ____ (7) ____ (8)

CHECKS OR MONEY ORDERS PAYABLE TO BOCC.

Verification efforts may be carried out through program reviews, audits and investigations. If incorrect information is reported it may result in a loss or reduction of benefits, administrative claims or legal actions.

I certify that all of the information that was provided is true and correct and that all income is reported. I understand that this information is given for the receipt of reduced fees for County programs. Deliberate misrepresentation of the information on this form may subject me to prosecution under applicable State and Federal Laws.

* _____
Signature of Registrant completing this form. _____
Date

01062010CKuntz

OFFICIAL OFFICE USE ONLY:

_____ \$40 per Session **Full Rate: \$**_____

_____ \$20 per Session **(Reduced Lunch Qualified - Please Attach Voucher)**

_____ \$10 per Session **(Free Lunch Qualified - Please Attach Voucher)**

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