

**Registration Payment Form**

**Valley View Recreation Center- Rec & Roll Sept 2018**

Please mail to: Therapeutic Recreation & Inclusion Service Respite Users: Walk in/Call/Fax TRIS

280 S. Water St., Henderson NV 89015

TRIS Phone: 702-267-4065

Postmarks will not be honored

TRIS fax: 702-267-4101

Walk in: **TRIS office or any recreation center**

Online: cityofhenderson.com

Email : [TherapeuticRec@cityofhenderson.com](mailto:TherapeuticRec@cityofhenderson.com)

**Registration Dates: Aug. 9-23, 2018 by 5pm**



Name:	Parent/Guardian Name: First Last
Street Address:	Phone number:

To register place "x" in boxes below	Activity-Date	Activity-Number	Price	Non-Resident Price	Time	Description
Monday 9/3			NO PROGRAM-LABOR DAY			
	Tuesday 9/4	#491154-15	\$12.38	\$14.24	1:30-6:00 p.m.	Spring Preserve
	Wednesday 9/5	#491154-16	\$11.00	\$12.65	1:30-5:30 p.m.	Swimming
	Thursday 9/6	#491154-17	\$11.00	\$12.65	1:30-5:30 p.m.	Arts & Crafts
	Friday 9/7	#491154-18	\$11.00	\$12.65	1:30-5:30 p.m.	Fitness Day
	Monday 9/10	#491154-19	\$11.00	\$12.65	1:30-5:30 p.m.	Bowling
	Tuesday 9/11	#491154-20	\$11.00	\$12.65	1:30-5:30 p.m.	Learning Center@Republic Services
	Wednesday 9/12	#491154-21	\$11.00	\$12.65	1:30-5:30 p.m.	Swimming
	Thursday 9/13	#491154-22	\$11.00	\$12.65	1:30-5:30 p.m.	Gardening
	Friday 9/14	#491154-23	\$11.00	\$12.65	1:30-5:30 p.m.	Arts & Crafts
	Monday 9/17	#491154-24	\$11.00	\$12.65	1:30-5:30 p.m.	Bowling
	Tuesday 9/18	#491154-25	\$11.00	\$12.65	1:30-5:30 p.m.	Grocery Shopping
	Wednesday 9/19	#491154-26	\$11.00	\$12.65	1:30-5:30 p.m.	Swimming
	Thursday 9/20	#491154-27	\$11.00	\$12.65	1:30-5:30 p.m.	Chef Day
	Friday 9/21	#491154-28	\$11.00	\$12.65	1:30-5:30 p.m.	Water Reclamation Facility
	Monday 9/24	#491154-29	\$11.00	\$12.65	1:30-5:30 p.m.	Bowling
	Tuesday 9/25	#491154-30	\$11.00	\$12.65	1:30-5:30 p.m.	Gardening
	Wednesday 9/26	#491154-31	\$11.00	\$12.65	1:30-5:30 p.m.	Swimming
	Thursday 9/27	#491154-32	\$11.00	\$12.65	1:30-5:30 p.m.	Scrapbooking
	Friday 9/28	#491154-33	\$11.00	\$12.65	1:30-5:30 p.m.	Chef Day

**I agree that all the terms of the release on the information form apply**

Parent/Guardian Signature

Date

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Total Payment Due: _____	<b><u>Method of Payment Type Accepted:</u></b>										
<p><b>When faxing a respite or registration form, please note that credit card information is no longer accepted on this form. Please contact our office for verification and payment processing.</b></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30px; border: 1px solid black; height: 20px;"></td> <td>Cash (exact cash only)</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td>Check/Money Order# _____</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td>Respite</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td>Acumen</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td>Olive Crest</td> </tr> </table>		Cash (exact cash only)		Check/Money Order# _____		Respite		Acumen		Olive Crest
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