

BURLINGTON TOWNSHIP RECREATION
2012 SPRING SPORTS REGISTRATIONS

Mailing Address: 851 Old York Road, Burlington, NJ 08016 Physical Location: 1101 Lake Ave., Burlington, NJ 08016
Phone: 609-387-2775 Fax: 609-387-1109 Email: btrecdept@comcast.net

SATURDAYS: DECEMBER 10th & 17th from 10 AM – 2 PM

Register in person only at the Recreation Building, 1101 Lake Avenue, on above dates or Monday-Friday 8:30 am – 3:30 pm after December 10, 2011. First time registrants must be accompanied by Birth Certificate & Proof of Residency.

Note: Late registrations could be placed on a wait list.

***NOTE:** As of 1/1/09, a registration processing fee will be charged per individual, per program, per season at the time of registration, except for “clinic” programs. Only money orders or checks made out to “*Burlington Twp. Rec. Dept.*” will be accepted; no cash.

Once the registration is accepted, refunds/credit will only be made in limited circumstances, as defined by policy.



NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____ PHONE _____

E-MAIL ADDRESS _____ SEX _____

MEDICAL CONDITIONS _____ GRADE _____ BIRTHDATE _____

ROLLER HOCKEY

Practices are 1 night a week with games played on weekends. Shin guards, helmets, and jerseys will be supplied by the Burlington Recreation Department. Please remember all items are to be returned when season is over. Other necessary items are the responsibility of the registrant. Some travel may be required for games as the league is trying to expand with other local towns.

ROLLER HOCKEY Age 6 (by 10/1/12) to Age 17 thru 6/31/12

Burlington Township will be accepting Westampton, Mount Holly, Eastampton, Hainesport, and Lumberton Township residents and surrounding communities for the Spring Roller Hockey League. Please register in person and bring a copy of the child’s birth certificate with a check or money order for \$60. If you have any questions, call the Westampton Rec. office at 609-267-1891 Ext. 8.

Please note most games will be played in Burlington with possible practices on other local ricks if necessary.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

(By Signing This Form You Agree To Return All Equipment/Uniforms Issued For Participation As Soon As The Program Is Completed)

PARENTS INTERESTED IN: COACH: _____ HEAD _____ ASST. ONLY
JOINING SPORTS CLUB _____

PLEASE DO NOT RETURN THIS FORM TO SCHOOL

<u>OFFICE USE ONLY</u>
Check or Money Order # _____
Amount _____
Date Rec. _____