

REGISTRATION FORM

MAIL-IN REGISTRATION FORM

Mail To: CAPITOLA RECREATION DEPARTMENT, 4400 JADE STREET, CAPITOLA, CA. 95010

Payer's Name: _____

Residence Address: _____

Mailing Address: _____

City / Zip: _____

Phone Numbers: _____

WHO PAYS THE RESIDENT PRICE?

Anyone residing within the boundaries of the City of Capitola and the Soquel Elementary School District: approximately 38th Avenue to Santa Cruz Gardens to Cabrillo College, inclusive. If you are unsure, give us a call.

Participant's Name	Date of Birth	Class #	Name of Class	Day & Time	Price

Payment by Personal Check: Use this form to make payment with a personal check made out to "Capitola Recreation" only. Make sure you pay the proper price, Resident or Non-resident. If you are 62 years or older, you may take 10% off any classes that are 4 weeks or longer.

Credit Card Payment:

If you would like to pay for a class with a credit card:

- Give us a call at (831) 475-5935 and you can register over the phone.
- Visit our online registration program at: <https://apm.activecommunities.com/capitolarecreation>.
- Payment may be made with a Visa, MasterCard, Discover card, or American Express card.
- Please do not write credit card numbers on this form.

Total Amount Due

(Do not include materials fees):

Would you like a confirmation receipt?

YES: _____ **NO:** _____

If you have an email address, please provide it and we will email a confirmation to you:
