MAIL-IN REGISTRATION FORM
MAIL TO: CAPITOLA RECREATION DEPARTMENT, 4400 JADE STREET, CAPITOLA, CA. 95010

Payer’s Name: _________________________________________________________________
Participant’s 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.

<table>
<thead>
<tr>
<th>Participant’s Name</th>
<th>Date of Birth</th>
<th>Class #</th>
<th>Name of Class</th>
<th>Day &amp; Time</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Senior Discount:
If you are 62 or over, you receive 10% off any class 4 weeks or longer. Please make sure to calculate that into your check payment.

Payment by Personal Check:
Use this form to make a payment with a personal check made out to “Capitola Recreation”. Make sure you pay the proper price, Resident or Non-resident.

Credit Card Payment:
If you would like to pay for a class with a credit card please call us at (831) 475-5935 or register online at apm.activecommunities.com/capitolarecreation. 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 your receipt to you:
_____________________________________________