

Name _____ Phone _____

Check which trips you would like to attend. If not paying in full at registration, check Auto Pay to be charged on the listed due date. Completion of Automatic Payment Request form required.

ATTENDING	DATE	PROGRAM NAME	TIME	CODE	FEE	MEAL SELECTION	DUE DATE	AUTO PAY	AMT. PAID
X	3/14	Example Trip	9am-4pm	12345	\$50R/\$56NR	① 2 3	3/1	X	\$30
	3/9	Four Winds Casino	8:20AM-6:30PM	26166	\$26R/\$32NR		At Reg.		
	3/21	Dancing Queen: ABBA Salute	9:15AM-5PM	26161	\$84R/\$90NR		At Reg		
	3/24	Days of Old	8:15AM-5:45PM	26160	\$75R/\$81NR	1 2 3	3/1		
	4/13	Four Winds Casino	8:20AM-6:30PM	26562	\$26R/\$32NR		3/15		
	4/19	Celebration Belle Lunch Cruise	8:45AM-4:15PM	26557	\$64R/\$70NR		3/1		
	4/22	Sounds of Summer: Beach Boys Tribute	9:30AM-5:15PM	26558	\$84R/\$90NR		3/1		
	4/25	Paint & Program Preview	10-11AM	26572	FREE		N/A		
	4/26	Fine Wine & Tasty Cheese	7:15AM-5:15PM	26559	\$84R/\$90NR		4/1		
	5/1-6	Lancaster Overnight Trip	N/A	26052	\$875R/\$885NR \$1075R/\$1085NR		At Reg.		
	5/8	Tulip Time	7AM-7PM	26560	\$69R/\$75NR		3/1		
	5/10	School of Rock at the Paramount	11AM-4:30PM	26008	\$73R/\$79NR		4/1		
	5/15	Four Winds Casino	8:20AM-6:30PM	26563	\$26R/\$32NR		5/1		
	5/18	Croozin' the Loop	10:45AM-3:45PM	26723	\$65R/\$71NR		4/15		
	5/25	Ways of Wilmette	8:45AM-3:45PM	26561	\$28R/\$34NR		5/1		

Biltmore Estate & Asheville, NC Overnight Trip

OCT 2-7

Double occupancy resident: \$1,150

Double occupancy nonresident: \$1,160

Single occupancy resident: \$1,425R

Single occupancy nonresident: \$1,435
26630

\$75 non-refundable deposit due at registration.

FINAL PAYMENT DUE: JULY 1

Check box to request registration

Join us for a trip to the beautiful city of Asheville, NC. This six-day trip features a guided historical tour of Asheville, including the Folk Art Center, showcasing more than 800 of the South's most gifted artists and the Blue Ridge Parkway Visitor's Center for a viewing of an award-winning film and exhibits that highlight the natural and cultural heritage and traditions of Western North Carolina. Enjoy a cruise on one of the most beautiful man-made lakes in the country, Lake Lure and experience the splendor of the Blue Ridge Mountains as we travel in a 26-story elevator to the top for a breathtaking view of Chimney Rock Park followed by a cookout in the Meadows. Step into history at the Biltmore Estate, built in the 1800s by George W. Vanderbilt. Spend the day with the self-guided audio tour of the 255-room French Renaissance-style chateau, stroll through the gardens and visit the Gift Shops, Biltmore Village and Antler Hill Village. This six-day, five-night trip includes eight meals, lodging, motor coach transportation and a souvenir gift.

Brought to you by White Star Tours. Trip Insurance available through NTA Travel Protection. Register in person only. Trip insurance must be purchased online through NTA Travel Protection. See the front desk for information.

CAROL STREAM Park District Adult Trips & Events

Waiver & Release with Contact Information

IMPORTANT INFORMATION

The Carol Stream Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Carol Stream Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants registering for Forever Young trips, outings and activities must recognize that there is an inherent risk of injury arising out of this activity.

You are solely responsible for determining if you are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that depending upon the particular activity, certain risks, dangers and injuries due to acts of God, inclement weather, slips and falls, inadequate or defective equipment, inadequate supervision or instruction, premises defects, carelessness, horseplay, vehicle accidents and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Carol Stream Park District to guarantee absolute safety.

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email _____ Birth Date _____

Emergency Contact Name _____ Phone _____ Relation _____

Describe any physical or medical special needs in which an accommodation is required.

Participant's Name (Print)

Participant's Signature

Date MM/DD/YY

RETURN BY EMAIL INFO@CSPARKS.ORG
RETURN BY MAIL CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188

INTERNAL USE ONLY

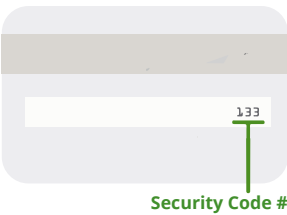
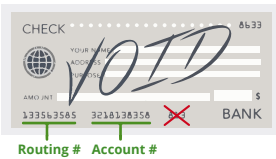
STAFF INITIAL

DATE

Enrollment For

- ActivKids**
 - Camp**
 - Dance**
 - Fitness**
 - Forever Young**
 - Preschool**
 - Springers**
 - Other**
-

Payments for the following programs are due throughout the duration of the program or membership contract. Review your program's specific payment guidelines for details.



Participant Name _____

 Organization Name *(if applicable)* _____

Cell Phone _____ Add'l Phone _____

ECP Authorization *(electronic check withdrawal from checking account)*

Account Holder's Name _____

Routing # _____

Account # _____

Primary Debit/Credit Card Payment Authorization

Card Holder's Name _____

 Card Number *(last 4 digits)* _____

Expiration Date ____ / ____

Security Code # _____

Secondary Debit/Credit Card Payment Authorization

Card Holder's Name _____

 Card Number *(last 4 digits)* _____

Expiration Date ____ / ____

Security Code # _____

TERMS OF AUTOMATIC PAYMENT PLAN

My payment amount is outlined in my program's payment structure, and may fluctuate if I change my program registration in any way. **The start and end dates of this scheduled payment will follow the terms outlined in my program's payment guidelines and will be processed based on the program's specific payment plan.** Declined payments will be reprocessed for up to 10 business days.

I agree to maintain sufficient funds in my primary bank account or credit card account to cover each payment. I understand that if my primary bank account or credit card account fails to process, my secondary bank account or credit card account will automatically be charged. I understand that if I choose to cancel my payment, it must be requested in writing 5 days prior to my next payment and I must make alternate payment arrangements. Any Automatic Payment that fails to process will be assessed a non-sufficient funds fee, and may result in the forfeiture of the Automatic Payment option. Carol Stream Park District reserves the right to change or revoke the payment plan, or an individual's participation in the payment plan or program, with or without notice.

I hereby authorize the Carol Stream Park District to process my monthly program fees by way of electronic check payment or debit/credit card.

Name (Print)	
Signature	Date MM/DD/YY

INTERNAL USE ONLY

STAFF INITIAL _____

DATE / /

Payment Plan Updated