

Holiday Tea

Sunday, December 4, 2016

1:00-3:00pm

The holidays wouldn't be the same without family and friends.

Take a break from the shopping frenzy and come celebrate the holiday season with us. We'll share some beloved holiday memories and make some new ones.



Activity #71762 \$12

Children 12yrs & under \$8

Pre-Registration is Required



CITY OF SAN MATEO PARKS & RECREATION

San Mateo Senior Center
2645 Alameda de las Pulgas
San Mateo, CA 94403
650-522-7490

www.erecreg.com

San Mateo Parks and Recreation Department

ACTIVITY REGISTRATION FORM

City of SM Resident Non Resident

Participants Name _____ Male Female
(Last) (First)

Residence Address _____
(Number and Street)

City _____ Zip _____ Birthdate ____/____/____
mo day year

email address _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Relationship _____

Course Title/Activity	Course Number	Course Fee \$
1. Holiday Tea	71762	
2.		
Help us help others! Donate to the Fee Assistance Fund <small>(please enter amount in the space to the right →)</small>		
	Less Credit on account	-()
TOTAL FEES		\$

To the extent allowed by law, I hereby absolve the City of San Mateo, its elected and appointed officials, employees, and agents from and against any and all claims, damages or liability which may arise as the result of my/our participation in activities I or any member on my family account attends or registers into; and, in the event that the below named participant is a minor, I hereby give my permission for his or her participation as indicated and in so doing absolve the City of San Mateo, its employees, agents, independent contractors, and officers from such liability. I am aware that if I have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my/our physical abilities and/or medical conditions. I release use of my/our photos taken during program participation from all and any claims and demands resulting from their use in program publicity.

Signature _____ Date _____

Registration cannot be processed without signature above

Class/Program Modification Request: We encourage and support the participation of individuals with all ability levels in programs and services. This includes those with disabilities, and in need of reasonable program modifications in order to participate. Please complete the statement:

_____ I am requesting a reasonable program modification for the class/program(s) listed on this registration form. Yes No

Ways to Pay:

- Check Payable to City of San Mateo
- Visa or MC (complete card info)
- Credit on account
- Gift Certificate (must be attached)
- Cash

_____ / _____
credit card payment authorization *mo/yr*

_____   _____
billing zip code **3 digit security code**

_____ *authorized signature (as shown on credit card)*