SUMMER 2021 REGISTRATION FORM ullet Registration starts at 9 a.m. May 4 ullet Register by May 14 and SAVE $ullet 8^*$

Mail: FCPA/Parktakes, PO Box 4606, Fairfax, Va. 22038-4606 • Phone: (703) 222-4664 • Fax: (703) 631-2004 Subscribe to Parktakes! It's FREE! ☐ Mail Parktakes to street address below. ☐ I want to consider the environment. Send Parktakes to my e-mail address.

Fill out the form completely and legibly, including a valid household email address.

Fairfax County in committed to giving all residents equal access to recreation and leisure opportunities. Reasonable accommodations and inclusion opportunities are provided in accordance with the Americans with Disabilities Act in all Park Authority programs, classes and camps. ADA accommodations include sign interpreters, assistive listening devices, program modifications and inclusion support.

CN- Staff use only#

	00	7	6	G	4	_	w		2														Pri		9
TOTAL (PAY TH	Class Scholarsh Foundation will s	Out-of-County Registration Fee: Ac add \$2 for programs priced \$45 or less.	Deduct House	SUBTOTAL Line 3 minus line 4	marked if mailed re-advertised tou	Early Registrat	SUBTOTAL Line 1 minus line 2	Tours, Pilates lessons, FallProof discount section on next page.	calculate 35% se of Fairfax County	Fairfax County	Total Listed Fed						Sai	Partio (I	Email	Phone #s	Address	Address	Primary Account Holder		railu Ilousellolu eiliali audi ess.
IIS AMOUN	ip Donatio send written	Registration sms priced \$	Account Co	ie 3 minus	l) by early re	ion Discour	1 minus li	sons, FallPro on next pag	nior discoun and Fairfax	Senior Disc	<mark>e(s):</mark> For all 1						Sample, Joey	Participant's Name (Last, first)		Home	City	Street	Holder		Hall awar
TOTAL (PAY THIS AMOUNT): Total lines 5-8. Pay this to FCPA. A \$50 fee will be charged for returned checks.	n: Add any amount y confirmation of a tax	n Fee: Add \$15 per of 45 or less.	edit: Deduct any cr	line 4	marked if mailed) by early registration date. Does not apply to p re-advertised tours, scout programs or classes priced \$45 or less.	nt per Class: Deduct	ne 2	of, Gravity lessons or e.	t. Do NOT round off co City age 65 or older a	ount (classes with	Total Listed Fee(s): For all 1st choice programs	PAYMEN1					×	me ———							93.
TOTAL (PAY THIS AMOUNT): Total lines 5-8. Pay this amount. Make checks payable to FCPA. A \$50 fee will be charged for returned checks.	Class Scholarship Donation: Add any amount you wish to donate. Fairfax County Park Foundation will send written confirmation of a tax deductible donation of \$10 or more.	Out-of-County Registration Fee: Add \$15 per catalog ID for activities priced \$46 and up: add \$2 for programs priced \$45 or less.	Deduct House Account Credit: Deduct any credits received on this line		marked if mailed) by early registration date. Does not apply to programs without catalog ID, re-advertised tours, scout programs or classes priced \$45 or less.	Early Registration Discount per Class: Deduct \$8 for each activity code submitted (post-		Tours, Pilates lessons, FallProof, Gravity lessons or classes priced \$45 or less. See senior discount section on next page.	calculate 35% senior discount. Do NOT round off cents. Write result in line 3. Only residents of Fairfax County and Fairfax City age 65 or older are eligible. Not included: Day Trips and	Fairfax County Senior Discount (classes with activity code): Multiply line 1 by 0.35 to		PAYMENT INSTRUCTIONS	1 1	/ /	/ /	/ /	3/15/13	Date of Birth Month/Day/Year							(
e checks paya	rfax County Pa of \$10 or more	priced \$46 ar	ine		without catal	de submitted		ss. Sée senior	e 3. Only resid ed: Day Trips a	ply line 1 by 0		S					3	Gender		Work				P	<u>ଥ</u>
	 					(post-				0							33 C.	1ST C Activi		*				PLEASE PRINT	(703) 324-856
II	+	+	1	II	ı		II	Only	0.35 =	Line 1x							33C.DsA7	1ST CHOICE Activity Code						ÎNT	3 or TTY: Va. F
		Si																							Relay 711 at I
dow	⊒ Casl	gna	Š					<u>S</u>		=															east 10
One nload	h (walk	Signature	Exp. Date:	#	redit Card			Signature		າcome-Eligi							Pe) workir
One household p	☐ Cash (walk-in only) ☐ Use House Account Cred	ture	. Date:	#	redit Card (Check type)			gnature	See s	າcome-Eligible Senior o							Pee Wee Po	Activity I) working days in adv
One household per registratio	h (walk-in only) \text{Credits} (if credits	ture	. Date:	**	☐ Credit Card (Check type) ☐			gnature	See scholarship	າcome-Eligible Senior or Income-Eli	Requires						Pee Wee Paddler 1	Activity Name			State) working days in advance of the da
One household per registration form, pleas inloaded from the Park Authority web page.	h (walk-in only) Check endosed	ture	. Date:	*			PAYM	gnature	See scholarship information	ncome-Eligible Senior or Income-Eligible Disabl	Requires \$15 process	SCHOLAI					Pee Wee Paddler 1	Activity Name			State		0) working days in advance of the date services ar
One household per registration form, please. Additiona inloaded from the Park Authority web page, www.fairfay	h (walk-in only)			#:	redit Card (Check type)	Check one:	PAYMENT MEI		See scholarship information on next	ncome-Eligible Senior or Income-Eligible Disabled Adult	Requires \$15 processing fee per	SCHOLARSHIP R						Name		Cell		A	Date of Bir) working days in advance of the date services are needed.
One household per registration form, please. Additional registration form, please. Additional registration form, please. Additional registration form, please.	h (walk-in only) Check endosed \$ Check endosed \$ Check endosed		.Date: Zip:	#	D VISA	Check one:	PAYMENT METHOD		See scholarship information on next page. Sig	ncome-Eligible Senior or Income-Eligible Disabled Adult 🗆 Public /	Requires \$15 processing fee per class • C	SCHOLARSHIP REQUES					6/23	Name Start Date		Cell	State Zip	Apt.	Date of Birth) working days in advance of the date services are needed.
One household per registration form, please. Additional registration forms may inloaded from the Park Authority web page, www.fairfaxcounty.gov/parks and i	h (walk-in only) Check endosed #: #:			# # # # # # # # # # # # # # # # # # # #	- VSW -	Check one:	PAYMENT METHOD	gnature CN-Staff use only#	See scholarship information on next page. Signature is re	ncome-Eligible Senior or Income-Eligible Disabled Adult $ ig \Box$ Public Assistance R	Requires \$15 processing fee per class • Check one:	SCHOLARSHIP REQUEST					6/23 2 pm	Name Start Start Date Time		Cell		Apt.	Date of Birth	□ Check) working days in advance of the date services are needed.
One household per registration form, please. Additional registration forms may be photo inladed from the Park Authority web page, www.fairfaxcounty.gov/parks and search "reg	h (walk-in only) Check endosed #: #:			**		Check one:	PAYMENT METHOD		See scholarship information on next page. Signature is required.	ncome-Eligible Senior or Income-Eligible Disabled Adult $ ig \Box$ Public Assistance Recipient (.	Requires \$15 processing fee per class • Check one:	SCHOLARSHIP REQUEST					6/23	Name Start Date		Cell		Apt.	Date of Birth	☐ Check if chang	working days in advance of the date services are needed.
One household per registration form, please. Additional registration forms may be photocopied or downloaded from the Park Authority web page, www.fairfaxcounty.gov/parks and search "registration form"	☐ Check endosed \$ Credits (if credits don't cover full cost of registration, use any)			**	UNSA D Materiard	Check one:	PAYMENT METHOD		See scholarship information on next page. Signature is required.	□ Income-Eligible Senior or Income-Eligible Disabled Adult □ Public Assistance Recipient (attach verification)	Requires \$15 processing fee per class • Check one:	SCHOLARSHIP REQUEST					6/23 2 pm	Name Start Start Date Time		Cell		Apt.	Date of Birth	☐ Check if change of address	Call (703) 324-8563 or TTY: Va. Relay 711 at least 10 working days in advance of the date services are needed.