## **OFFLINE REGISTRATION FORM**

This form is for those that wish to submit their registration, payments, and waivers offline. Please deliver in person or by mail via usps to: IRVSRA Rec. Center, 1715 Dragon Drive, Pekin, IL, 61554 or scan and email to: info@irvsra.org

PARENT/GUARDIAN WAIVER INFOR	t be signe	ed for regist	ratior	n to be completed.			
Parent/Guardian Name: Ph				one:			
E-Mail:							
Address:			City:		State:		_ Zip:
EMERGENCY CONTACT:							
Name:	Phone:	1					1
participant's name			BIRTHDATE		GENDER		T-SHIRT SIZE
PROGRAM NAME	SESSION # (if any)	s	PROGRAM TART DATE(S)	SHUTTLE LOCATION		FEE	
				T			
	1						
Method of Payment: (indicate one by circling)				TOTAL FEE:			
CASH CHECK # (Payable to IRVSRA) CARD							
☐ I will call 309.201.4005 to pay over the phone □ I will come to the IRVSRA Rec. Office & pay in person							
*We do not keep your card information on file, expect to provide your card information each time you register for a new program or session.				All registration fees must be paid before the program's deadline to ensure participation.			