

**ADULT PROGRAM REGISTRATION**

Trip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip code \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone # \_\_\_\_\_

List any medical conditions we should be aware of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Make checks payable to the Town of Casco

Mail to: Casco Recreation Department  
635 Meadow Road  
Casco, Maine. 04015