City of Burien Recreation Benefit Program

Youth and Teen Programs

Registration Form

Please give the following information for the person requesting the benefit.

Parent (Guardian) Name: _____

Address: _____

City: _____ **Zip Code**: _____

Phone # to reach you: (_____) _____ **Email address**: _____

Annual Family Income: _____ **# of Family Members in the Household: _____**

Participant Name: **Date of Birth:** **School:** **City of Burien Program:**	**Participant Name:** **Date of Birth:** **School:** **City of Burien Program:**
Participant Name: **Date of Birth:** **School:** **City of Burien Program:**	**Participant Name:** **Date of Birth:** **School:** **City of Burien Program:**

I declare that the above information is true, complete and correct to the best of my ability and knowledge. I am a Burien resident and I understand that any additional fees (i.e., balance of registration fees, supply fees) are my responsibility regardless of benefit status. The youth listed above qualify for the benefit based on the Benefit Guidelines on the next page.

Signature: _____ **Date:_____**

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