



Park City Recreation  
YOUTH PROGRAM - Fee Reduction Program Application 2019

**ALL FIELDS MUST BE COMPLETED TO BE ACCEPTED**

Applicant(s) Name: \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Parent D.O.B. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Emergency Contact (other adult) : \_\_\_\_\_

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

Resident of: Park City \_\_\_\_\_ Western Summit County (PC school district) \_\_\_\_\_

Program(s) applied for: \_\_\_\_\_

Season (circle one):      Fall      Winter      Spring      Summer

Do you qualify for the school lunch program?      \_\_\_ Yes      \_\_\_ No  
If yes, for full or reduced lunch?      \_\_\_ Full      \_\_\_ Reduced

I certify that all of the above information is true and correct. I understand the policies and procedures of the program, and that after receipt of award will still be responsible for registering for the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Date Rec'd: \_\_\_\_\_

Approved, Payment Amount Owed: \_\_\_\_\_

Application Denied: \_\_\_\_\_