

GROUP REGISTRATION FORM

Maine-Niles Association of Special Recreation, 6820 W. Dempster Street, Morton Grove, IL 60053
Phone: 847/966-5522 • Fax: 847/966-8340 • Relay System: 800/526-0844 • www.mnasr.org

In order to utilize this form for group registrations, an annual Participant Information (PI) Form and Group Home (GHW)/Agency Participant Waiver must be completed and submitted to M-NASR for each individual registering. The PI Form must be updated annually in the spring so that M-NASR can continue to provide a safe, effective program for all involved. The Group Home/Agency Participant Waiver is in effect for two years and must be signed by parent or guardian.

Agency Name: _____
 Address: _____ City/Zip: _____
 Person in charge of coordinating facility group: _____
 QMRP Emergency Contact: _____ Phone #: _____ Cell/Pager#: _____

Fee per participant: _____
 Number of participants: _____
 Total fee enclosed: _____ (15% down payment required)

Program Transportation Information: Permission is needed for transportation to and from M-NASR programs for all participants.

Is transportation desired if provided: Yes _____ No _____




Program Name and Program Code: _____

Participant Name	Birthdate	Sex (M/F)	New Participant (Yes/No)	Taking Meds. During Program (Yes/No)	Current PI/GHW on File (Yes/No)	Scholarship (Yes/No)

Important: The above information must be reviewed and accompanied by an authorized signature before participant(s) may join any M-NASR program.

Signature: _____ Date: _____

Please Circle One

Acct. # & CVC #: _____
 Exp. Date: _____ \$ Amount: _____
 Signature: _____

Office Use Only

1) _____	CK# _____	Date: _____	
2) _____	CK# _____	Date: _____	