

KEN-CARYL RANCH METROPOLITAN DISTRICT

RANCH HOUSE
7676 S. Continental Divide Road
Littleton, CO 80127
303.979.4070 Fax: 303.979.5347
Visit us at www.ken-carylranh.org

COMMUNITY CENTER
One Club Drive,
Littleton, CO 80127
303.979.2233 Fax: 303.979.6501
judya@kcranch.org for tennis information



DATE _____

LOTTERY TENNIS REGISTRATION FORM

PLEASE USE ONE FORM PER PERSON. EACH FORM REQUIRES A SEPARATE CHECK. THANK YOU.

NAME: _____ BIRTHDATE: ____/____/____ AGE: _____ SEX: M F KCR RESIDENT: _____ NON-RESIDENT: _____

PHONE: _____ E-MAIL: _____ EMERGENCY # _____

ADDRESS: _____ CITY: _____ ZIP: _____

The Americans with Disabilities Act (ADA) provides protection for individuals with disabilities in employment, public accommodation and provision of service. KCRMD is committed to implementing, supporting and following all applicable provisions of this act. Questions, comments and suggestions regarding ADA issues should be referred to the District Office, 303. 979.4070.

PLEASE LET US KNOW IF YOU HAVE ANY SPECIAL NEEDS.

Course Description	Course #	Day	Time	Cost
First Choice				\$
Second Choice				\$
Third Choice:				\$

A \$15 service charge will be levied on all returned checks, and cash payment will be required.

Refund Policy:

- (1) Requests for refunds must be made 48 hours before the first session of the scheduled program, during normal business hours at the RH or CC.
- (2) Each refund will be assessed a \$10 service charge, unless cancelled by KCRMD.

<p>My family and I hereby waive and release KCRMD, KCRMA and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator at KCRMD-sponsored activities.</p> <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: center;">Participant's Signature Parent's signature required for children under 18 years of age. REGISTRATION FORM CANNOT BE PROCESSED WITHOUT PARTICIPANT or PARENT SIGNATURE.</p>	<p style="text-align: center;">Make checks payable to KCRMD. Please write legibly:</p> <p>VISA/MC/DISC No . _____ / _____ / _____ / _____ Exp. _____</p> <p>Cardholder's Name _____</p> <p>Signature _____</p>
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