



Tualatin Hills Park & Recreation District

REGISTRANT INFORMATION FORM

THPRD

PLEASE PRINT:

Household Primary Contact: _____ **Print Card**
Last Name First Name MI

Residential Address: _____ Apt #/PMB

City/State/Zip: _____ Date of Birth: _____

Mailing Address: _____
(if different from residential address) Apt #/PMB (if applicable)

Mailing City/State/Zip: _____

Ethnicity _____ Language Preference: _____ Gender: Male Female

Phone 1: _____ Phone 2: _____

Phone 3: _____ Email: _____

Fax: _____ Please email me upcoming events and special dates.

If you DO NOT reside within the Tualatin Hills Park & Recreation District, but OWN property within the THPRD boundaries, you are entitled to In-District privileges. Please list property address below:

Property Address: _____ City/State/Zip: _____

ADULT SECONDARY

_____ **Print Card**
Last Name First Name MI Gender: Male Female

Date of Birth: _____ Work Phone: _____

HOUSEHOLD MEMBERS

_____ <input type="checkbox"/> Print Card <small style="margin-left: 100px;">Last Name</small>	_____ <input type="checkbox"/> Print Card <small style="margin-left: 100px;">Last Name</small>
_____ <input type="checkbox"/> Male <small style="margin-left: 100px;">First Name</small> <small style="margin-left: 100px;">MI</small>	_____ <input type="checkbox"/> Male <small style="margin-left: 100px;">First Name</small> <small style="margin-left: 100px;">MI</small>
_____ <input type="checkbox"/> Female Date of Birth: _____	_____ <input type="checkbox"/> Female Date of Birth: _____

_____ <input type="checkbox"/> Print Card <small style="margin-left: 100px;">Last Name</small>	_____ <input type="checkbox"/> Print Card <small style="margin-left: 100px;">Last Name</small>
_____ <input type="checkbox"/> Male <small style="margin-left: 100px;">First Name</small> <small style="margin-left: 100px;">MI</small>	_____ <input type="checkbox"/> Male <small style="margin-left: 100px;">First Name</small> <small style="margin-left: 100px;">MI</small>
_____ <input type="checkbox"/> Female Date of Birth: _____	_____ <input type="checkbox"/> Female Date of Birth: _____

Additional household members over 21 years of age are required to provide residency information

Please sign this application, and return it to any THPRD facility. You may expedite this process by filling out this form online at www.thprd.org.

After you submit your application, you will be given a unique THPRD identification login. With this login, you may begin registering for classes and programs. An identification card will be mailed to you. A returned card may suspend your in-district privileges until your address can be verified.

Before your first scheduled class or league, or after no more than five drop-in activities, you must verify your address at any THPRD facility. Each household member over 21 years of age must provide proof of residency with any government-issued photo ID that includes your current address (for example, an Oregon Driver's license, Oregon Identification Card, Consular Identification Card).

Photo policy

Photos taken by THPRD at district parks, facilities and other sites may be used for promotional purposes.

Signature: _____

OFFICE USE ONLY	
<input type="checkbox"/> Renewal	<input type="checkbox"/> New
<input type="checkbox"/> Update	
_____ THPRD ID#	
DATE PROCESSED	ASSESSMENT
NAME: _____	
ODL: _____	
2nd ID: _____	