



Presented by Monroeville Recreation & Parks



DO YOU WANT TO A

Snowman?

Come have a blast of "Frozen" Fun!
Build your own "Snowman" while
enjoying the movie and eating a
themed snack!



Weds, Feb. 15, 2023

Afterschool to 6pm at

Evergreen Elementary

Participants must be students in good standing at
school location program is held at.

Preregistration required through Recreation & Parks



WAYS TO REGISTER



ONLINE

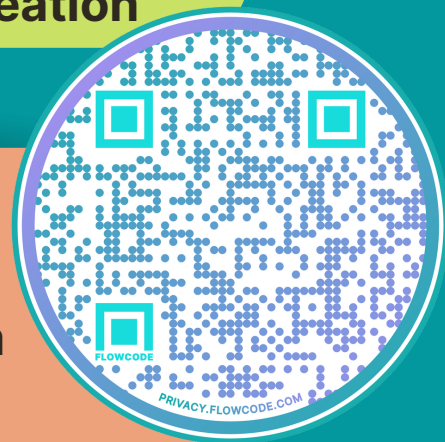
If you have an existing household account with Monroeville Recreation & Parks, you can register online following the link/QR code below.

<https://www.monroeville.pa.us/165/Parks-Recreation>



IN PERSON

Come into our office **Monday-Friday 9am-4pm** located in the Monroeville Municipal building at **2700 Monroeville Blvd. Monroeville, PA 15146**



VIA MAIL

Don't have an account? Or Can't make it in during business hours? Complete the household information form & program registration form provided and mail to address provided with payment included.

Monroeville
Recreation & Parks
Attn: Danielle Cole
2700 Monroeville Blvd.
Monroeville, PA 15146



VIA FAX

Want your registration to reach us sooner, because space is limited? Fill out the household information form & program registration form provided and fax to **412-856-2353**. (Fax is secure and comes directly to Recreation & Parks Department.)

EVERGREEN ELEMENTARY

MAD SCIENCE

Registration Deadline:
Fri Jan 13, 2023

Registration Deadline:
Weds, Feb. 8, 2023

Do you want to
build a snowman?



PARTICIPANTS MUST BE EVERGREEN

STUDENTS IN GOOD STANDING TO REGISTER.



Household Information Form



For quick program registration in the future, please complete this form and return to the recreation office.
This form must be completed to register for a program. Form will only need to be completed once.

	Names (First and Last Name)	Gender	Birth date (mm/dd/yy)	Resident or Nonresident
Household Primary	1.			
Household Secondary	2.			
Children should be listed in numbers 3 – 7.	3.			
	4.			
	5.			
	6.			
	7.			

Please Print Legibly

Household Address: _____ City & Zip: _____

Home Number: _____ Cell Number: _____ Primary Work Number: _____

Primary's E-mail Address: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact:

Name: _____ Home Number: _____ Work Number: _____

The undersigned individual, (parent or guardian if under age of 18) represents that the registrants is in good health and can participate in activities and with prior knowledge of the physical nature of the activity releases Monroeville Department of Recreation and Parks, Municipality of Monroeville, and the Gateway School District from any and all responsibility for injury to the registrant through negligence or otherwise while he/she is participation in the activity. The parent, guardian or participant assumes all risks inherent in the activity and will hold the Monroeville Recreation Department, Municipality of Monroeville, and the Gateway School District harmless from any and all claims or causes of action that may arise from this activity. The undersigned individual also hereby gives permission to Monroeville Department of Recreation and Parks to use photographs of the participants for the promotion of Monroeville Recreation and Parks events and programs. The participants agree to hold Monroeville free and harmless from liability of any nature.

Household Primary Signature _____

Date _____



Program Registration Form

Full payment is due at the time of registration. PLEASE PRINT LEGIBLY

Please be aware that mail-in and faxed registration will not receive confirmation by the office.



PARTICIPANTS FULL NAME (Same Household)	PROGRAM Swim registrations: must have level indicated	CODE/SECTION	PROGRAM FEE	ADDITIONAL FEES		TOTAL/ PER PROGRAM
				NON RESIDENT \$10 Fee	LATE FEE \$10 Fee	
1.						
2.						
3.						

TOTAL PAID _____

Please make checks payable to: MUNICIPALITY OF MONROEVILLE

Mail forms with full payment to: Monroeville Recreation, Parks, and Human Services
2700 Monroeville Boulevard
Monroeville, PA 15146

Phone Number: (412) 856-1006
*Fax Number: (412) 856-2353
*Fax registrations must pay by credit card with signature required for processing

NAME AS IT APPEARS ON CREDIT CARD _____ SIGNATURE _____

CARD NUMBER _____ EXPIRATION DATE _____ CVV: _____

PLEASE CHECK ONE: VISA MASTER CARD DISCOVER

HANDICAPPED ASSISTANCE AVAILABLE UPON REQUEST