## Barrington Park District New Household Form

PLEASE FILL OUT THIS FORM COMPLETELY AND DROP OFF, EMAIL OR MAIL IT TO:

EMAIL: REGISTRATION@BARRINGTONPARKDISTRICT.ORG

ADDRESS: BARRINGTON PARK DISTRICT, 235 LIONS DRIVE, BARRINGTON IL 60010



☐ YES ☐ NO

☐ YES ☐ NO

t-of-District", please check your tax statement to vithin the Barrington Park District boundaries. N	see if you pay Jorth Barrington	taxes to the BARRINGTO n, South Barrington, Lake		
State		Zip	Zip	
resses will be used for ALL program/event o	communicatio	ns including informatio	n, cancellations, rescheduling etc.	
Last Name			Gender	
Secondary Phone Number			Birth Date (Month/Date/Year)	
Last Name Gender			Gender	
Secondary Phone Number			Birth Date (Month/Date/Year)	
			sehold.	
Last Name	Gender	Birth Date (Month/Date/Year)	Does this family member require Americans with Disabilities (ADA) assistance or a one-on-one aide? If yes, please request an additional form from the registration desk.	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
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			☐ YES ☐ NO	
	Last Name  Last Name  Last Name  Last Name  Secondary  y members (children, grandparents etc.) listed I ded on this form. They must fill out their own for	Last Name  Last Name  Last Name  Last Name  Last Name  Last Name  Secondary Phone Number  Secondary Phone Number  Secondary Phone Number  y members (children, grandparents etc.) listed MUST PERMAL ded on this form. They must fill out their own form for their hou	R-of-District, please check your tax statement to see if you pay taxes to the BARRINGTO within the Barrington Park District boundaries. North Barrington, South Barrington, Lake red "Out-of-District". *Drivers license or utility bill WITH CURRENT ADDRESS.  State Zip  State Zip  resses will be used for ALL program/event communications including informatio  Last Name  Secondary Phone Number  Last Name  Secondary Phone Number  y members (children, grandparents etc.) listed MUST PERMANENTLY LIVE in the housed on this form. They must fill out their own form for their household.  Birth Date	