

# Hanover Township Community Center

3660 Jacksonville Road

Bethlehem, PA 18017



Email [HTCC@enter.net](mailto:HTCC@enter.net)

Phone: 610-317-8701

[www.hanovertwp-nc.org](http://www.hanovertwp-nc.org)

fax: 610-317-8704

## HTCC REGISTRATION FORM – Hanover Starz

Family Name \_\_\_\_\_ Address \_\_\_\_\_  
Adult First Last

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Child's Name	Hanover Starz- must provide proof of age.	Birth Date	Squad	Fee\$
Convenience Fee for Credit Cards: <\$61- \$1.50 >\$61- 2.45%				

\*Registrations are on a first come first serve basis

Total Due \_\_\_\_\_

\*\*Please list an adult contact.

### Method of Payment

CK# \_\_\_\_\_ (circle) VISA                      MASTERCARD                      DISCOVER

Cardholders Name \_\_\_\_\_ Acct. Number \_\_\_\_\_

Amount of Payment \_\_\_\_\_ Expiration Date on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

a. I waive, release, and discharge Hanover Township, and any employees, supervisors, representatives or agents of Hanover Township, from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, arising out of or relating to my activities at, or may travel to and from HTCC. b. I agree not to sue Hanover Township or any employees, supervisors, representatives or agents of Hanover Township from any claims made assessed against them as a result of my association with the Hanover Township Community Center and/or my participation in its programs and activities.

Mail to: HTCC  
 3660 Jacksonville Rd.  
 Bethlehem, PA 18017  
 Or Fax: 610-317-8704

Signature \_\_\_\_\_

*For office use only: date received \_\_\_\_\_ payment \_\_\_\_\_*

**'The Heart of the Community'**