ACCESS LEISURE

Community programs for teens and adults with intellectual disabilities.

Use forms on page three to register. Refer to policies on back page.



MAKE CHECKS PAYABLE TO: CITY OF SACRAMENTO.
MAIL FORMS TO: Coloma Community Center
4623 T Street., Ste B, Sacramento, CA 95819



For more information or if you have questions call 916-808-6045. Fax #: 916-808-3559

April 2017



<u>Saturday, April 1, Lunch & Cinema – 10:30am – 3:15pm, UA Market Square, 1739 Arden Way, \$8.00</u> There are a few places to eat here: Subway, Smash Burger, Panda Express, Teriyaki eatery and Dos Coyotes. Registration Fee: Must pay \$8.00 registration fee in advance. Bring \$10.00 for movie and \$10 for lunch. Meet at back of complex. Limited to 40 people. **Course #: 169524**



Monday, April 3 Video Pizza, Cost \$8.00 6:30-8:45pm, Senior Center, 915 – 27th Street. We will see the latest release and have some pizza, too. Limited to 70 people. Course #: 169424



<u>Sunday, April 9, CSUS Men's Baseball Vs Grand Canyon, 11:45am – 2:45pm, Cost</u> <u>\$8.00</u>, Bring extra money for snacks. Today, the team takes on the very competitive and awesome Grand Canyon team. Meet in front of the CSUS Men's Baseball field next to the parking structure along College Town Drive. **Course #: 171273**



<u>Monday, April 10 Evening Social, Cost</u> \$8.00 <u>6:30-8:30pm</u>, Senior Center, $915-27^{th}$ Street. We will play Bingo after dinner. **Course #: 169530**

COMMUNITY NOTES



Bowling Leagues ***		gues ***	Location	Time	Cost
	Mon,	Pin Pals,	Land Park Bowl, 5850 Freeport Blvd,	4:00pm,	\$5.50*
	Wed,	Rock n Bowl	Country Club Center, 2600 Watt Ave,	3:45pm,	\$5.00*
	Thursdays,	Bluebirds,	Mardi Gras Center, 4800 Madison Ave,	4:00pm,	\$4.00*
	Thursdays,	Bluebirds,	Fireside Center, 7901 Auburn Blvd,	4:15pm,	\$4.00*

(To register, bowlers should arrive 20 minutes prior to start of bowling program and pay at each program)

^{*} Fees are subject to change....be prepared for the first day of bowling with a little extra \$\$.



WOULD YOU LIKE TO RECEIVE OUR MONTHLY CALENDAR VIA EMAIL?

If you would like to receive the calendar via US mail, a yearly \$10.00 service fee will be charged. However, if you would like to receive the calendar via email, just email psinclair@cityofsacramento.org with your name and email address. You can also view and print the calendar online at www.accessleisuresac.org.



Pasta Dinner and Bingo Night Saturday, April 8, 2017, 6:30-8:30pm, Cost: \$16.00 Hart Senior Center, 915-27th St



For everyone who loves pasta (Penne pasta & Meat, French Bread, Salad and a Dessert) this night is for you. After dinner, we will all play Bingo!!! Everyone will have a chance to win a great prize!!!

Doors open at 6:15 and serving will begin promptly at 6:40pm.

Seating is limited to 75. Don't be late. Course #: 168824



Presented by City of Sacramento Access Leisure in partnership with V.I.P. Program Sacramento Open Track and Field, Sunday, April 23, 2017, 8:00am-3:30pm,



Luther Burbank High School Football Stadium, 3500 Florin Road, Sacramento, CA 95823 There is no cost for this event. Must pre register. For more information, call 808-6045

	PASTA DINNER & BINGO, SAT. APRIL 8, \$16.00 COU	IRSE #16882	24			
NAME		M[] F[] AGE			
ADDRESS	CITY		ZIP			
PHONE#	EMERGENCY#					
SPECIAL INFO)					
committeemen har arising out of or in	I agree to hold the City of Sacramento, their directors, employees and mless of any nature whatsoever for accident or injury to participants/myself any way connected with participation in city programs. I agree to give my edical treatment deemed necessary by a doctor.	Amt Pd: \$	e Only: 168824 Amt Due:			
SIGNATURE_	DATE	Date:				
?	CSUS MEN'S BASEBALL, SUN. APRIL 9, \$ 8.00 - COURSE # 171273					
NAME		M[] F[] AGE			
ADDRESS	CITY		ZIP			
PHONE#EMERGENCY#						
SPECIAL INFO						
Liability Release: committeemen hard arising out of or in a	I agree to hold the City of Sacramento, their directors, employees and mless of any nature whatsoever for accident or injury to participants/myself any way connected with participation in city programs. I agree to give my dical treatment deemed necessary by a doctor.	Amt Pd: \$	e Only: 171273 Amt Due: Cash □ CC □			
SIGNATURE	DATE	Date:				

If you would like to pay by credit card: Fill out the info below and send info with registrations to Coloma Community Center, 4623 T Street, Suite A. Sacramento. CA 95819-9959 Visa or Please Charge my Credit Card for the amount of \$ _____ Master Card ONLY: Card # _____ Card Exp Date: ___/__ 3 Digit Verification Code (Back of Card) _____ _____ Date: ____ Signature LUNCH & CINEMA, UA MARKET SQUARE, ARDEN, APRIL 1, \$ 8.00 - COURSE # 169524 _____M[] F[] AGE _____ ____CITY _____ZIP____ NAME ADDRESS EMERGENCY# PHONE# SPECIAL INFO Office Use Only: 169524 Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/myself | Amt Pd: \$ _____ Amt Due: _____ arising out of or in any way connected with participation in city programs. I agree to give my Ck or MO # Cash □ CC □ consent to any medical treatment deemed necessary by a doctor. _____ DATE_____ -----VIDEO PIZZA, MON. APRIL 3, \$ 8.00 - COURSE # 169424 _____ M[] F[] AGE _____ ____ CITY _____ ZIP____ _____ M[] F[] AGE _____ NAME ADDRESS EMERGENCY# PHONE# SPECIAL INFO Office Use Only: 169424 Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/ Amt Pd: \$ _____ Amt Due: ____ myself arising out of or in any way connected with participation in city programs. I agree to Ck or MO #_____ Cash ☐ CC ☐ give my consent to any medical treatment deemed necessary by a doctor. EVENING SOCIAL, MON. APRIL 10, \$ 8.00 - COURSE # 169530 NAME ______ M[] F[] AGE _____ ADDRESS_____ CITY _____ ZIP____ NAME EMERGENCY# PHONE# SPECIAL INFO Office Use Only: 169530 Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/myself Amt Pd: \$ _____ Amt Due: ____ arising out of or in any way connected with participation in city programs. I agree to give my Ck or MO #____ Cash □ CC □ consent to any medical treatment deemed necessary by a doctor. SIGNATURE





ACCESS LEISURE REGISTRATION POLICIES:

- 1. Now accepting checks, money orders, Visa & Mastercard or ATM with Visa Logo.
- 2. Please completely fill out registration forms and print CLEARLY. One per participant required
- 3. Registrations must be received five days prior to the event date.
- 4. Be aware that mailing in registrations does not guarantee acceptance into the program.
- 5. Individuals whose checks bounce will be responsible for the amount of the check plus associated bank fees.
- 6. If you are a rider of ParaTransit and you have a pick-up time later than thirty minutes after the scheduled end of the program, we ask you to find an alternative means home.
- 7. We are unable to administer medication during program hours. Participants must be able to take own meds or have an attendant provided to assist them.
- 8. Events costing \$10 or more, personal assistants will need to cover the program fees.
- Refund Policy: Full Refund 72 hours prior to the event; 50% within 72 hours; No refunds day of and after event.
- 10 Any checks written less than 30 days in advance of the event, may delay refunds.

If you have questions call Philip Sinclair at 916-808-6045.

Access Leisure Registration Policies have changed.

We will no longer be accepting on-site registrations on the day of the program at the program site. Absolutely NO cash, checks or money orders will be accepted at program site on the You must pre-register for all programs. Any questions and concerns day of the event. about this policy, please contact Phil Sinclair at 916-808-6045 or email me at psinclair@cityofsacramento.org. Now accepting checks, money orders, Visa & Mastercard or

ATM with Visa Logo

NEW MAILING ADDRESS FOR ALL REGISTRATIONS

Registration forms for Access Leisure must be mail to: **Coloma Community Center** 4623 T Street, Ste A Sacramento, CA. 95819 Attn: Access Leisure—Phil Sinclair

Or faxed to: Attn to Phil Sinclair 916-808-3559

If you wish to register in person for our programs, there are 5 locations. Call for hours as they vary.

- 1. Coloma Community Center, 4623 T Street, Sacramento, CA. 95819; 916-808-6060, Mon thru Thu, 10am-4pm
- Pannell Community Center, 2450 Meadowview Road, Sacramento, CA. 95832; 916-808-6680
- Natomas Community Center, 2921 Truxel Road, Sacramento, CA. 95833; 916-808-1571 Mon thru Thu, 9am-4pm

You may also register online for our programs at: http://www.cityofsacramento.org/parksandrecreation and use the free online registration.

