



MSCR ADAPTIVE END OF SUMMER CELEBRATION

Thursday August 2, 2018
Game starts at 7 pm
Ticket Cost - \$20.00

Please join us in a fun End of Summer outing to watch Madison's own Mallards baseball team at Warner Park.

Transportation options:

Meet us at Warner Park (6:00 pm) or
Bus pick-up location at Memorial High School (5:15pm) or
MSCR East (5:30 pm).

Ticket in the TDS Triple Play Club includes:

All-You-Can-Eat Ball Park Food including burgers, brats, hotdogs, chicken breast, potato salad, coleslaw, and chips. Bottomless Soda and Water. Every person will also receive a free Derek Fisher bobblehead.

Register soon. Limited number of tickets available.
Sign up via the attached form using course # 18812 or
online at www.mscr.org/registration

Questions? Contact Lorrie at (608)204-3000



MSCR Registration Form

Madison School & Community Recreation Office: MSCR 3802 Regent St., Madison, WI 53705

Phone: 608-204-3000 Fax: 608-204-0557

(Head of Household) Last Name		First Name	Birth Date mm/d/y	Does the participant have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type(s) of disability?								
Street Address		City	State	Zip								
Email (Required for registration confirmation OR send a stamped, self-addressed envelope) <input type="checkbox"/> agree to MSCR promotional email												
Primary Phone	Secondary Phone	Are you an MMSD resident? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No, Non MMSD residents pay 50 % more. See page 52.		Do you have any medical conditions or concerns of which our staff need to be aware? (Asthma, Allergies, etc.) Please include provider: _____								
Participant's Full Name		*Gender See page 51.	Date of Birth m/d/y		Grade 2018-2019	Race (below)	Choice	Program Title	Location	Start Date	Start Time	Course #
					1st							
						Alternate, if any						
						1st						
							Alternate, if any					
							1st					
								Alternate, if any				
									1st			
										Alternate, if any		
											1st	
												Alternate, if any
Race: *Please indicate above using corresponding number: (Optional)												
1. American Indian or Alaskan Native 4. Native Hawaiian or Other Pacific Islander 5. Hispanic 6. White 7. Multiracial												
T-Shirt Size (if applicable to program) Name: _____ Size: _____ Name: _____ Size: _____ Name: _____ Size: _____ Name: _____ Size: _____												
Youth Sizes XS S M L XL												
Fee Total \$ _____												
Payment: (check all that apply) <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ (Payable to MSCR)												
<input type="checkbox"/> I am applying for fee assistance. Please see reverse page. <input type="checkbox"/> Credit Card: MasterCard or Visa Only												
Credit Card Number: <input type="checkbox"/> Card Holder Print Name: _____												
Payment Amount \$ _____ Authorized Signature: <input checked="" type="checkbox"/> _____ Expiration Date: <input type="checkbox"/> <input type="checkbox"/> \ <input type="checkbox"/> <input type="checkbox"/>												

IDs are required for classes at Warner Park Community Recreation Center. Go to www.mscr.org for more information.

Signature:

REQUEST FOR FEE WAIVER

204-3000

- Fee waivers are available only to MMSD residents. Non-residents do not qualify for Fee Waivers. Fee waiver requests and payment must accompany Registration Form and turned in to the MSCR Hoyt Office. Fee Waivers cannot be done electronically.
- Fee waivers are not granted after registration is processed.
- Any payments, included with your Fee Waiver Request/Registration Form will be applied to program fees for available requested courses.
- There are three sessions per year - Winter/Spring, Summer and Fall.
- Fill out completely and check each item as appropriate. Include a second and third program choice on the Registration Form.

Contact Name: _____ Last First Phone

I AM REQUESTING A FEE WAIVER FOR A CHILD (CHILDREN) (AGE 17 AND UNDER)

Fee waivers are limited to two courses per child per program session. MSCR youth program fees may be partially or fully waived for youth meeting the criteria for free or reduced lunch. Parents/guardians are requested to pay what they can towards the program fee.

____ My child (children) qualify/qualifies for free meals ____ yes ____ no; or reduced-price meals ____ yes ____ no.

____ I am requesting a fee waiver and can pay \$_____ towards the fee, which is enclosed.

I AM REQUESTING A FEE WAIVER FOR AN ADULT

Fee waivers are limited to one course per adult per program session. Adult participants are required to pay 50% of the course fee. My household income is at or below 185% of the Federal Poverty Level as circled below.

CIRCLE YOUR FAMILY SIZE & INCOME - 185% OF FEDERAL POVERTY GUIDELINES (GROSS INCOME*)

*Gross Income, as the term is used in this table, means: Income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds.

Circle below FAMILY SIZE	Circle one amount that is closest to your total household income.			
	ANNUAL	MONTHLY	TWICE-MONTHLY	BI-WEEKLY
1	\$21,589.56 (or below)	\$1,799.13 (or below)	\$899.57 (or below)	\$830.37 (or below)
2	\$29,100.48	\$2,425.04	\$1,212.52	\$1,119.25
3	\$36,611.52	\$3,050.96	\$1,525.48	\$1,408.14
4	\$44,122.56	\$3,676.88	\$1,838.44	\$1,697.02
5	\$51,633.48	\$4,302.79	\$2,151.40	\$1,985.90
6	\$59,144.52	\$4,928.71	\$2,464.36	\$2,274.79
7	\$66,655.56	\$5,554.63	\$2,777.32	\$2,563.68
8	\$74,166.48	\$6,180.54	\$3,090.27	\$2,852.56
Each additional Add	\$7,511.04	\$625.92	\$312.96	\$288.89

REMINDER:
Circle Your Income