



T-REC Program of Sarasota County

Membership Form

Participant's First Name	Participant's Last Name	Birth Date ____/____/____
Address	City, Zip	Home Phone
Email	Agency / Group Home / School (if applicable)	
Emergency Contact Name	Relationship	Phone

MEMBERSHIP PRIVILEGES:

- Priority email notification of upcoming T-REC events

I hereby authorize the use of any photographs, motion pictures, videos, or other materials related for publicity, promotional or news purposes by the various media as authorized by the official of the **T-REC Program of Sarasota County**.

Participant signature

Parent or Guardian Printed Name (if applicable)	Parent or Guardian Signature (if applicable)	Date ____/____/____
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Please fill out this form completely for each individual registration and return it by any of the following methods:

Mail: Nokomis Community Park
Attn: T-REC
234 E. Nippino Trail
Nokomis, FL 34275

Email: alking@scgov.net

Fax: 941-486-2751

For further information about T-REC, contact Andrea King at 941-486-2595 or visit us at www.scgov.net/parks

