Parks, Recreation & Arts 44933 Fern Avenue Lancaster, CA 93534-2461 (661) 723-6077 (661) 723-5913 Fax



Activity Registration

In Person (walk-in)
Parks, Recreation & Arts
Lancaser City Hall

Monday - Thursday 8 a.m. to 6 p.m. Friday 8 a.m. to 5 p.m.

44933 Fern Avenue Lancaster, CA 93534-2461

By Mail or Fax

Complete the registration form and mail, along with payment, to the above address, Attn: Registration. We accept credit cards (Visa/MasterCard/Discover), checks and money orders. Do not send cash. If paying via credit card, fax your registration and credit card information to (661) 723-5913.

Online

You can register for most classes via our website at www.cityoflancasterca.org. Simply navigate to the Parks, Recreation & Arts Department, and click on Activity Registration.

Registration Information

Some preschool, enrichment and sports programs have different registration dates which are listed in the *Outlook* activity brochure.

Residents of Lancaster are those persons living inside city limits. Other program participants will incur a nonresident fee.

Registration constitutes consent to use any program photographs for City of Lancaster marketing.

The City of Lancaster does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or the provision of services.

Refund Policy

Requests for refunds must be made 48 business hours prior the first class meeting. A \$3 per enrollment handling fee will be applied to all refunds. No refunds will be given after the program has started. Refunds can only be issued to the person responsible for the original program payment. Please allow three weeks to process your refund.

Cancellation Policy

Due to enrollment factors, and other conditions beyond our control, schedules are subject to change, cancellation, and rescheduling. Fees paid for classes cancelled by the City of Lancaster will be refunded in full.

Reg	istrat	ion	Fo	rm
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(please print)

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Payee Name:		 Last	 Middle Initial		eck here if this is a o our last registration	-
Address:			Zip:			
Home Phone:			Work/Cell Phone:			
Email:						
Participant Name	Sex	Birth Date	Program Code/Program Name		Start Date	Fee
Liability Release: I hereby releated from liability the City of Lancast & Arts Department, its employe	er Park	s, Recreation	Method of payment (circle): VISA/ Cardholder name (print):			•
Signature:			·	Expires:		
Date:			Signature:			