1401 Olympic Blvd. Santa Monica, CA 90404
(310) 458-8237

Memorial Park Basketball Gym
3 Month Pass Registration Form

Please print clearly and fill out completely

Participant Full Name: _____

Birthdate: _____ Sex: M ☐ F ☐ Age: _____ Email Address: _____ Contact #: _____	Age 17 and Under ☐ $15- Santa Monica Resident ☐ $20- Non Resident Adult ☐ $33- Santa Monica Resident ☐ $40- Non Resident Age 50 and Over ☐ $16- Santa Monica Resident ☐ $20- Non Resident

Santa Monica residents must provide proof of residency: a copy of photo ID or current utility bill

Address: _____

City: _____State: _____Zip Code: _____

Emergency Contact (A person who can pick up the participant in the event of an emergency)

Contact Name: _____Contact #: _____