



Montville Recreation Department's
PICKLEBALL
"OPEN PLAY"

Winter 2020 (Indoor)

WHO: Adults, Ages 18 and over—*Co-ed (Montville Residents ONLY—Proof of Residency is Required!)*
** Please either show a copy of your license at the Rec Dept or mail in a copy to us with application.*

WHAT: Enjoy PICKLEBALL games with your neighbors.
 Wear Comfortable Clothing and Sneakers. Bring H2O & Paddles.

WHERE: Lazar Middle School Gymnasium, 123 Changebridge Road, Montville.

WHEN: Sundays: Jan 5, 12, 26, Feb 2, 9, 23, March 1, 8 & 15 (No: 1/19 & 2/16) from 12:00pm to 2:00pm.
Join Anytime!

***** Note: The program coordinators will email/text you with program changes and conflicts!!! *****

COORDINATOR: Tim Braden

FEE: \$25.00 per person. **NOTE:** *There are no refunds or discounts for this program!*

PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:

1. In Person on the Rec Desk Kiosk (*Check, Cash with No Fees and/or Credit Card with a 3% Fee*)
2. On-Line from Home (*Echeck with 1% Fee OR Credit Card with 3% Fee*)
3. Payment Drop Box in Municipal Building's Parking Lot (*Check Only....must have family page set up on Community Pass*)
OR 4. Snail Mail (*Check Only....must have family page set up on Community Pass*)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>
 To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

****NOTE: If coming to the Rec Dept, you will register directly on the Kiosk at the Rec Desk. No need to fill out paperwork!**

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: www.montvillenj.org



LIKE us on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



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Participant Name _____ Age _____ D/O/B _____

Address _____ Town _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name/Relation/Phone # _____

Known Medical Conditions/Allergies _____

Please list any special needs that you may have that will assist us in providing a successful experience:

PROOF OF RESIDENCY? (ex. DRIVER'S LICENSE) Yes _____ **OR** No _____

I understand that the Recreation Department DOES NOT provide accident insurance.

Participant Signature _____ Date _____

FOR OFFICE USE (12/10/19): Fee Paid _____ Cash _____ Check _____ Received By _____ Date _____ **PROGRAM # 895**