Please complete a Request Form for each participant requesting classes and return to the PASS office at BurbankPass@burbankca.gov

CITY OF BURBANK

# BURBANK PASS PROGRAM
# RECREATION CLASS REQUEST FORM – SUMMER 2020

| APPLICANT'S LAST NAME (SELF OR PARENT) | FIRST NAME | DATE OF BIRTH |
|---|---|---|
| | | |
| Email address: | Daytime Phone: | Household Size: |
| **Please complete a separate form for each family member requesting classes** | | |
| PARTICIPANT'S LAST NAME (SELF OR CHILD) | FIRST NAME | DATE OF BIRTH |
| | | |

| | | | | |
|---|---|---|---|---|
| Class Name | | | | **PASS OFFICE USE ONLY** |
| Class Location | | | | |
| Recreation Guide Page | | | | |
| Class Day/s | | Class Time | | |
| Start Date | | Number of Weeks | | |
| Class Fee - as shown on Rec | | | | |

| | | | | |
|---|---|---|---|---|
| Class Name | | | | **PASS OFFICE USE ONLY** |
| Class Location | | | | |
| Recreation Guide Page | | | | |
| Class Day/s | | Class Time | | |
| Start Date | | Number of Weeks | | |
| Class Fee - as shown on Rec | $ | | | |

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| Class Name | | | | **PASS OFFICE USE ONLY** |
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