

Montville Recreation Department's

PICKLEBALL

"OPEN PLAY"

2019



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.
A limited number of loner paddles will be available if you do not have your own.

WHERE: **WINTER** — Woodmont School Gymnasium, 39 Woodmont in Pine Brook.
SPRING, SUMMER & FALL — Montville Community Park Pickleball Court, 130 Change Bridge Road in Montville.

WHEN: January through December 2019—*Join Anytime!*
WINTER —Wednesdays: January 16th through March 20th from 7:30pm to 9:30pm
SPRING, SUMMER & FALL — Wednesdays from 6:30pm to 8:30pm.

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

COORDINATOR: Tim Braden

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

PAYABLE TO: Montville Recreation (*Our office is located at 195 Change Bridge Road in Montville 07045.*)

REGISTRATION PROCEDURE:

1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Municipal Building's Parking Lot
Checks or Cash Only for In-Person Registration OR Checks Only for Mail or Payment Drop Box!!!
OR Credit Cards for On-Line Registration!

Please Note: You will be charged a 3 % convenience fee for credit card use on-line!
For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>
For additional Recreation Flyers go to: <http://www.montvillenj.org/RecFlyers>



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



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

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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 (1/15/19): Fee Paid _____ Cash _____ Check _____ Received By _____ Date _____ **PROGRAM # 895**