



APPLICATION INFORMATION

Name of Child/Youth: _____ AGE: _____
(First Name) (Last Name)

Date of Birth: Year _____ Month _____ Day _____.

Name of Parent / Guardian: _____
(First Name) (Last Name)

Address: _____

Town: _____ Postal Code: _____

Telephone: _____ (Cell) _____

Email: _____

Activity or sport: _____

Organization offering this activity: _____

Program dates:

From: _____ To: _____.

Will you (the applicant) be registered in another recreation program during this time?

No ☐ Yes ☐ Describe: _____

THIS FORM HAS BEEN COMPLETED BY:

Signature: _____ Date: _____

Tel: _____

Please mail, drop off or fax this completed form to:

Hudson Parks & Recreation Dept.
394 Main, Hudson QC
Tel: 450 458-6699 Fax: 450 458-7764
Email: recreation@hudson.quebec