



# T-REC Coalition of Sarasota County Membership Form

Participant's First Name \_\_\_\_\_ Participant's Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Agency / Group Home / School (if applicable) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### MEMBERSHIP PRIVILEGES:

- T-REC lanyard and membership card
- Activity participation lanyard pins
- Subscription to T-REC email newsletter
- Priority email notification of upcoming T-REC events

I hereby authorize the use of any photographs, motion pictures, videos, or other materials related for publicity, promotional or news purposes by the various media as authorized by the official of the **T-REC Coalition of Sarasota County** program.

Participant signature \_\_\_\_\_

Parent or Guardian Printed Name  
(if applicable) \_\_\_\_\_

Parent or Guardian Signature  
(if applicable) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please fill out this form completely for each individual registration and return it by any of the following methods:**

**Mail to:** Twin Lakes Park  
Attn: Therapeutic Recreation  
6700 Clark Road  
Sarasota, FL 34241

For further information about T-REC, contact Mimi Bolden at 941-486-2753 or visit us at [www.scgov.net](http://www.scgov.net)

**Email to:** mbolden@scgov.net

**Fax to:** 941-486-2755

