FACILITY RENTAL/CLASS REGISTRATION

Facilities at the TRUMAN MEMORIAL BUILDING

MULTI-PURPOSE – capacity: 205
AUDITORIUM /GYMASIUM– capacity: 1,000
Smaller rooms for meetings and gatherings

Facilities at the ROGER T. SERMON COMMUNITY CENTER

NORTH ROOM – capacity: 100
SOUTH ROOM – capacity: 75
3RD & 4TH – capacity: 65
GYMNASIUM – capacity: 500
POWERHOUSE THEATRE – capacity: 228 people

Facilities at the PALMER CENTER A Place for Healthy Aging

GYMNASIUM w/canteen – capacity: 400
DINING ROOM – capacity: 152
MEETING ROOM – capacity: 40
KITCHEN – catering only

Facilities at the GEORGE OWENS NATURE PARK

LODGE – capacity: 60 inside; 75 back patio
Pavillion –
up to 100 participants
CAMPING AREA –
up to 60 participants

Please contact each respective facility for availability and rental information:
Truman Memorial Building – 325-7843; Roger T. Sermon Community Center – 325-7370;
Palmer Center – 325-6200; George Owens Nature Park – 325-7115

Program Registration Form

NAME _____ D.O.B._____/_____ / ____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____ EMERGENCY NAME/PHONE _____

REGISTRATION INFORMATION

Participant's Name	Program/Class	Start Date	Time	Fee

PAYMENT OPTIONS: (Please check one, do not mail cash)

_____Check Number - payable to City of Independence ___Visa ___MasterCard ___Discover/Novus (complete box below)

CREDIT CARD INFORMATION - Card may be requested at time of purchase

☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ _____ | _____

ACCOUNT NUMBER EXPIRATION DATE (mm/yy) BILLING ZIP CODE

$_____ | _____ | _____

AMOUNT OF CHARGE CARDHOLDER NAME (Please Print) AUTHORIZED SIGNATURE

To Submit This Program Registration Form:

• Fax to 816.325-7374, Credit card payments only • Mail: Independence Parks and Recreation, P.O. Box 1019, Independence, MO 64051

We, the undersigned, agree to relieve the City of Independence, MO or any cooperating persons or agencies, of any liability in case of accident or injury in conjunction with the undersigned's participation in the program. The Independence Parks and Recreation Department recommends that everyone check with their physician before taking any exercise/fitness class.

The undersigned and the participant(s) authorize the Independence Parks and Recreation Department to use its discretion, any photograph(s) taken of the participant(s) while participating in the program and waive any and all claims that the participant(s), the undersigned or their heirs or assigns may have or claim to have resulting from such photograph(s) or reproduction thereof.

_____ _____

Parent or Guardian's Signature (if under 18) Participant's Signature