



Mailing Address: 3045 Gomer St, Yorktown Heights NY 10598

FAX: (914) 243-3039

PHONE: (914) 243-0583

Registration on line at : www.sparcinc.org

Group Registration

- Submit registration form to SPARC asap to reserve openings. Follow up with your agency billing dept.
- Save time later - sign up for full year - payment plan available
- Please copy and use one form for each program you are enrolling in
- Payment is due prior to start of program.
- Withdrawal or cancellation of registration after program incurs a \$25 processing fee.

_____ **Spring 2017** -Starts week of 2/6/17 (Payment due 1/31)

_____ **Summer 2017** -Starts week of 6/5/17 (Payment due in 5/22)

Program Name _____

Program: Location _____ Day _____ Time _____ FEE: _____

Agency Name _____ House Name _____

Address _____

Group Home Manager _____ House Phone # _____ # to call after 3pm _____

Emergency Contact _____ Phone # _____

Email (for program confirmation or notices): _____ Fax # _____

Preferred billing format _____ group invoice _____ individual invoices

Authorization for Registration - Manager's Signature _____ Date _____

NAMES OF PARTICIPANTS / D.O.B.

1. _____ / _____ 7. _____ / _____

2. _____ / _____ 8. _____ / _____

3. _____ / _____ 9. _____ / _____

4. _____ / _____ 10. _____ / _____

5. _____ / _____ 11. _____ / _____

6. _____ / _____ 12. _____ / _____

SPARC Office Use Only

Fall: AC _____ Conf _____ Inv # _____ Paid _____ Date _____ \$ _____

Spring: AC _____ Conf _____ Inv # _____ Paid _____ Date _____ \$ _____

Summer: AC _____ Conf _____ Inv # _____ Paid _____ Date _____ \$ _____