



Mailing Address: 3045 Gomer St, Yorktown Heights NY 10598

FAX: (914) 243-3039

PHONE: (914) 243-0583

Registration on line at : [www.sparcinc.org](http://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.

     **Fall 2017** -Starts week of 9/25/17 (Payment due 9/15/17)  
     **Spring 2018** -Starts week of 2/5 /18 (Payment due 1/19/18 )

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 _____ \$ _____