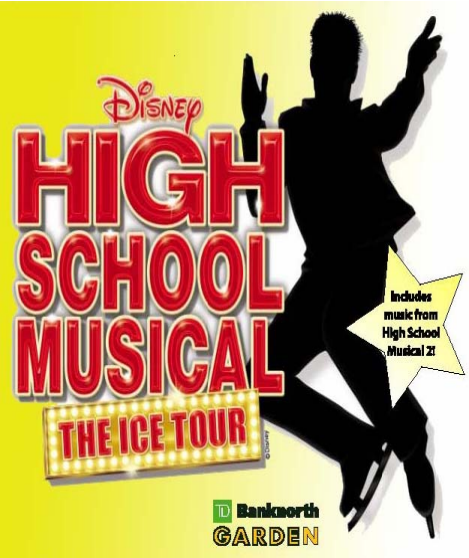
DISNEY'S HIGH SCHOOL MUSICAL: THE ICE TOUR! AT TD BANKNORTH GARDEN, BOSTON



Disney's High School Musical: The Ice Tour is the one and only live fusion of songs, dance and team-spirited fun inspired by the smash hit Disney Channel Original Movie "High School Musical" and this summer's highly anticipated "High School Musical 2." Get'cha head in the game and celebrate the sounds, the songs, the bop and the pop in this all-new ice show starring a cast of world-class skaters. Experience the Wildcat frenzy and rock the house in *Disney's High School Musical: The Ice Tour*! Tickets will be available through the Acton Recreation Department.

DAY/DATE: Monday, Feb. 18, 2007 (School Vacation Week!)
TIME: 11:00 AM Show
FEE: $35.00, no refunds
(tickets only no transportations)
LOCATION: TD Banknorth Garden, Boston
MAX: 90 tickets –First Come, first serve!

Based on Disney's newest hit!

Excellent Show Seating!!!
Seats are in Section 12
Rows 10-14
Sections 15-20 are blacked out for performance.

Registration form page 2

2007 FALL / 2008 WINTER CLASS REGISTRATION FORM

PLEASE PRINT ALL INFORMATION, SIGNATURE REQUIRED BELOW

NOTE: Bus Trips have their own form. If not in booklet, please call 978-264-9608 or email recreation@acton-ma.gov to request form be mailed or you or you may pick one up at Town Hall.
All registration forms will be available on the Town Website Recreation Department page of: www.acton-ma.gov

Program Name:_____**Program #** _____

Date of Session: _____**Time:** _____ **Amount of Sessions:** _____

Participant Name:_____**Age:**_____ **Grade:**_____

If participant is under age 18 please PRINT parent Name:_____

Address:_____**Town:**_____**Zip:**_____

Email: _____ @ _____ . _____
(note: email addresses will not be distributed-they are for class notifications)

Telephone:
(Home)_____(Work)_____(Emergency)_____

NOTES:_____

SPECIAL ACCOMMODATIONS-In order to enhance participation, please identify any special accommodations needed: _____

By signing below: I agree to hold harmless the Town of Acton and/or its employees from claims or liability related to any accident that may occur. I give permission for medical treatment to be given if the need arises. I acknowledge the refund policy for the program in which I have signed up for.

_____ _____
Signature of Class Participant or (Parent/Guardian if under age 18) **Date**
(Must be signed to participate)

FOR TRIPS—Traveling with: _____

The Recreation Department accepts cash, check, money order, VISA or MasterCard.
Checks payable to: *Town of Acton. Credit card transactions must be completed at the Recreation Dept. A $3 fee per $100 is added to credit card transactions.* Please mail or bring completed registrations to: Town of Acton Recreation Department, 472 Main Street, Acton, MA 01720 Phone: (978) 264-9608 Fax: (978) 264-9630

REFUNDS & WITHDRAWALS: You may withdraw from a program up to 7 (seven) business days prior to the start date--an administrative fee of **$10 will be applied to all registrations**. After that time, no refunds will be issued. All refunds must be submitted in writing to the Recreation Department requesting withdrawal and refund. It will take two-three weeks for the refund to be processed. Refunds will not be made for classes missed due to inclement weather. Exception to policy: a written letter from a licensed physician excusing participant from a program.
NOTE: Certain programs and trips have separate refund policies and will be duly noted in description and /or on form.

CLASS CANCELLATION POLICY: Classes are cancelled if Acton Boxborough Schools have closed or have early dismissal due to weather. Notification via email for Recreation Dept. run programs will be made if a class is cancelled due to poor weather or field conditions. Programs run outside of the Recreation Department are responsible to notify participants of class cancellations. Efforts will be made to make-up weather cancelled classes, but are not guaranteed. Any class cancellations due to an illness of an instructor will be made-up or refunded. Refunds will not be offered due to a participant's inability to partake in missed make-up sessions.

For Office Use: Received by: _____ Date: _____Check #_____ Cash MasterCard VISA Amount $_____