

KING WILLIAM COUNTY DEPARTMENT OF PARKS AND RECREATION

“COUNTY-AFFILIATED” GROUP ROSTER FORM

Organization Name: _____ **Season:** _____ **Year:** _____
(User Fee Rate: \$5.00 per participant/per season) **Total User Fee Due:** _____ **Total Residents:** _____ **Total Non-Residents:** _____
Paid: _____ **Check #:** _____

	Full Name	Address	City – Zip	R / NR
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Representative Name: _____ **Representative Signature:** _____ **Date:** _____