

2011 IPRA Go! Program Participation Form

Please complete & return form to:

Illinois Park & Recreation Association, PO Box 697, Lombard, IL 60148-0697
Fax: 630.376.1919

Contact Name: _____

Agency: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Please indicate below your participation options & terms

Aquatic Facility Name: _____

Terms: _____

Fitness Center Name: _____

Terms: _____

Recreation Classes Name: _____

Terms: _____

Other Name: _____

Terms: _____

EXAMPLE:

- Fitness Center

Name: *Racquet, Fitness & Gymnastics Center*

Terms: *50% off fitness center membership & classes*

Participating agencies will receive confirmation by mail with reiteration of terms & example of the IPRA Membership Verification Form (which IPRA Members will use as their proof of membership) Agency program terms auto-renew annually unless otherwise cancelled by participating agency.

Participating agencies & terms will be listed on IPRA website www.ilipra.org.