

Gift Certificate Registration Form

GROVEPORT RECREATION DEPARTMENT
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(614) 836-1000 Phone / (614) 836-2999 Fax
www.groveportrec.com

Please print clearly.

TO BE COMPLETED BY PERSON MAKING THE PURCHASE:

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Email Address: _____
(only provide if you want to receive notices, newsletters, specials, etc. via email)

GIFT CERTIFICATE IS BEING PURCHASED FOR:

First Name: _____ Last Name: _____ Middle Initial: _____

Amount to be put on Gift Certificate: \$ _____

POLICIES REGARDING GIFT CERTIFICATES:

1. Purchaser understands the prices for programs, classes, memberships, etc. may increase. Purchaser understands that Gift Certificate Holder may be responsible to pay additional fees in the event that the amount on the Gift Certificate does not cover all costs associated with the item or items to be purchased.
2. Purchaser understands that Gift Certificate Holder will need to provide proof of residency for persons living or working in the City of Groveport in order to receive Groveport Resident Rate.
3. Gift Certificate Holder is responsible for providing the City of Groveport with the Gift Certificate (or Receipt) in order to apply towards programs, classes, memberships, etc.
4. Gift Certificates are non-refundable.
5. Gift Certificates are valid for a period of two years from the date of purchase, unless granted otherwise by the Village Administrator.

I have read and fully understand the Policies Regarding Gift Certificates. I further understand that any information provided may be subject to disclosure under Ohio Records Law. Refusal to sign will prevent processing.

Signature of Purchaser

Date

CREDIT CARD ACCOUNT (CIRCLE ONE):

VISA

MASTERCARD

Card #: _____ - _____ - _____ - _____ Expiration Date: _____

Printed Name of Card Holder: _____

Signature of Card Holder: _____ Date: _____

FOR STAFF USE ONLY:

Gift Certificate Amount: \$ _____ Method of Payment: Cash Credit Card Check (No.: _____)

Gift Certificate Number: _____ Pin Number: _____

Gift Certificate Expiration Date: ____/____/____ (2 years from date of purchase) Staff Processing: _____