Week Neede	ed: Ju		Due to th	e Park	Office:	Monday	JUNE	<mark>2, 2025</mark>				1	
Child's Name:					Child's	Name:_							
Child's Name:													
	Please	indicate on eac	ch dav vour cl	nild(ren) will	l be atten	dina if tl	nev will be p	resent fo	or a full o	dav or h	alf dav.		
		r child will be a											
	MONDAY		TUESDAY			ESDAY			HURSD			FRI	DAY
_	HALF FULL	_ <u>_</u>	HALF FULL		HALF	FULL	_	HALF	FULL	SWIM		HALF	FULL
First Child		_											
Sec. Child		_					1						
Third Child]		<u> </u>				
								*Pick ı	up is at t	he ARC	•		
		Please comp	uto the cost	for the wee	d Eillie	the bl	anka halaw						
		FIRST CHILD		JLL DAYS	K. FILLII		x \$30.00						
		TIKSI CIIILD		ALF DAYS			x \$21.60	=	-				
				ALI DAIS			X \$5.00	=					
	STOONE OUR B. "						-						
	SECOND CHILD #						x \$25.50	=					
				ALF DAYS			x \$18.00	=					
			SWIM				_X \$ 5.00	=					
		THIRD CHILD	# OF FU	JLL DAYS			x \$25.50	=					
			# 0F H	ALF DAYS			_x \$ 18.00	=					
			SWIM				X \$5.00	=					
							TOTA	. 1					
							101/	<u>AL</u>					
LAT	E FEE POLIC	<u>Y</u>				OPTIO	ONS FOR S	CHEDUL	ING AN	D PAYN	<u>IENT</u>		
Schedules are the	due the Mon week needed		Mail Sched	ule and P to:	ayment	SRAP&R 3	20 N. Mai	n St., Sli	ppery R	ock PA 160	57		
First T	Time Offense:	\$10		Email Sched	iule : play	/safe@s	rpark.org ar	nd <i>mail p</i>	ayment/	keep cr	edit card oi	n file	
Second	Time Offense	e: \$ 25		Fax: 724-79		-	•						
				Submit Sche	edule and	Payme	nt in Park Of	fice or in	the Dro	pbox af	ter hours		
	Credit card #	:			_exp. date	e:	Zip cod	e:	cs	V#	_		

Week Needed:	June 16-20		Due to th	e Park Office	: Monday	JUNE (<mark>9, 2025</mark>	j			2
Child's Name:				Child's Name							
Child's Name:											
	Please indicate on e	ach day your o	·hild(ron) wi	II he attending if	they will be i	nrosent fo	r a full :	day or h	alf day		
	If your child will be										
М	ONDAY	TUESDAY		WEDNESDA			HURSD			FR	IDAY
HAL	F FULL	HALF FULL	_	HALF FULL	·	HALF	FULL	SWIM	_	HALF	FULL
First Child]								
Sec. Child											
Third Child]				<u> </u>				
						*Pick ι	ıp is at t	he ARC	*		
	Plassa com	nute the cost	for the we	ek. Fill in the b	lanke holov	<i>r</i> -					
	FIRST CHIL	•	ULL DAYS	ek. Tittill tile b	x \$30.00	v. =					
			IALF DAYS		x \$21.60	=				_	
		SWIM			X \$5.00	=				_	
	SECOND CH	111 D # OF E	ULL DAYS	·	 _ x \$25.50	=				_	
	SECOND CF		IALF DAYS		x \$23.30 x \$18.00	=				_	
		SWIM	IALI DAIS		X \$5.00	=				_	
	THIRD CHIL		THE DAYS	-	_					_	
	THIRD CHIL		TULL DAYS	-	_ x \$25.50 x \$18.00	=	-			_	
		# UF F SWIM	IALF DATS		X \$10.00 X \$5.00	=				_	
		SWIIM		-	_ ^ \$5.00	-				_	
					<u>T0T</u>	AL				_	
LATE F	EE POLICY]		<u>0PT</u>	IONS FOR S	CHEDUL	ING AN	D PAYN	<u>IENT</u>		
	the Monday <i>prior</i> to k needed.		Mail Sched	lule and Paymen to:	t SRAP&R 3	20 N. Mai	n St., Sli	ippery R	ock PA 1605	7	
First Time	Offense: \$10		Email Sche	dule: playsafe@	srpark.org a	nd <i>mail p</i>	ayment/	keep cr	edit card on	file	
Second Tim	e Offense: \$25		Fax: 724-79	94-8181 and <i>mail</i>	payment						
			Submit Sch	edule and Paym	ent in Park O	ffice or in	the Dro	pbox af	ter hours		
Cred	dit card #:			_exp. date:	Zip cod	le:	cs	V#			

Week Neede	/eek Needed: June 23-27		Due to th	<mark>ie Park Office:</mark>	Monday	JUNE '	<mark>16, 202</mark> !	5			3
Child's Name:_				Child's Name:_							
Child's Name:_											
	Please indicate	on each dav	your child(ren) wi	ll be attending if t	nev will be r	resent fo	or a full d	lav or h	alf dav.		
			ng swim on Thurso								
	MONDAY	TUES	-	WEDNESDAY			HURSDA			FRI	DAY
	HALF FULL	HALF	FULL	HALF FULL		HALF	FULL	SWIM		HALF	FULL
First Child											
Sec. Child											
Third Child											
						*Pick ι	up is at tl	ne ARC'	•		
	Disease			. l. F ill in the left							
	Flease (•	cost for the we OF FULL DAYS			/: =					
	FIRSI C		# OF HALF DAYS	-	_x \$30.00 _x \$21.60	=				_	
			WIM		X \$5.00	-				_	
			3 44114 1		-	_				_	
	SECONI		# OF FULL DAYS		x \$25.50	=				_	
			# OF HALF DAYS		x \$18.00	=				_	
		:	SWIM		X \$5.00	=				_	
	THIRD (HILD	FOF FULL DAYS		x \$25.50	=					
		;	# OF HALF DAYS		x \$18.00	=				_	
		:	SWIM	<u></u>	X \$ 5.00	=				_	
					<u>TOT</u>	<u>AL</u>				_	
ΙΔΤ	E FEE POLICY			OPTI	ONS FOR S	CHEDUI	ING ANI	η ΡΔΥΝ	IFNT		
						OHLDOL	into Aiti	J I AII	<u></u>		
Schedules are due the Monday <i>prior</i> to the week needed.			Mail Sched	lule and Payment to:	SRAP&R 3	20 N. Mai	n St., Sli	ppery R	ock PA 1605	7	
First T	ime Offense: \$10		Email Sche	dule: playsafe@s	rpark.org aı	nd <i>mail p</i>	ayment/l	keep cre	edit card on	file	
Second	Time Offense: \$25			94-8181 and <i>mail p</i>		·	•	•			
-			Submit Sch	edule and Payme	nt in Park 0	ffice or in	the Dro	pbox af	er hours		
(Credit card #:			exp. date:	Zip cod	e:	CS	/#			

Week Needed:	June 30 -July 4	Due to th	ne Park Offic	e: Monday	JUNE	<mark>23, 202</mark>	. <mark>5</mark>			4
Child's Name:			Child's Name	:						
Child's Name:										
Ple	ase indicate on each d	av vour child(ren) wi	ll be attending if	thev will be r	oresent fo	or a full o	dav or h	alf dav.		
	your child will be atten									
MONDA		SDAY	WEDNESDA			HURSD			FRI	DAY
HALF FU	LL HALI	FULL	HALF FUL	<u> </u>	HALF	FULL	SWIM		HALF	FULL
First Child										
Sec. Child										
Third Child					*D:-I-	:	L - ADC			
					"PICK	up is at t	ne ARC			
	Please compute	the cost for the we	ek. Fill in the I	lanks below	r:					
	FIRST CHILD	# OF FULL DAYS		x \$30.00	=					
		# OF HALF DAYS		x \$21.60	=					
		SWIM		X \$5.00	=					
	SECOND CHILD	# OF FULL DAYS		x \$25.50	=					
	SECOND CHIED	# OF HALF DAYS		x \$25.50 x \$18.00	-				_	
		SWIM		X \$5.00	=				_	
	THIRD CHILD	# OF FULL DAVC		x \$25.50	_				_	
	I HIKU CHILU	# OF FULL DAYS # OF HALF DAYS		x \$25.50 x \$18.00	=				_	
		SWIM		X \$10.00 X \$5.00	-				_	
		SWIM			_				_	
				TOT	<u>AL</u>					
LATE FEE PO	LICY		OP ⁻	TIONS FOR S	CHEDUL	ING AN	D PAYN	MENT		
Schedules are due the M	Monday <i>prior</i> to	Mail Schee	dule and Paymer					ock PA 1605	7	
							_			
First Time Offen			dule: playsafe@		nd <i>mail p</i>	ayment/	keep cr	edit card on	file	
Second Time Offe	nse: \$25		94-8181 and <i>mai</i>		#! !-	D	mh av - £	lan hawar		
		Submit Sch	nedule and Paym	ent in Park U	mice or ir	1 the Dro	ppox at	ter nours		
Credit car	d #:		exp. date:	Zip cod	e:	cs	V#			

Week Need	ed: July 7	-11	Due to th	e Park Office:	Monday	JUNE 3	<mark>30, 202</mark>	5			5
Child's Name:				Child's Name:_							
Child's Name:											
	Please indic	ate on each day v	our child(ren) wi	ll be attending if tl	nev will be r	resent fo	r a full d	av or h	alf dav.		
				lay, please make s							
	MONDAY	TUESI	-	WEDNESDAY			HURSDA	-		FRI	DAY
_	HALF FULL	HALF	FULL	HALF FULL	-	HALF	FULL	SWIM	i	HALF	FULL
First Child											
Sec. Child					1						
Third Child]	*D: 1	<u> </u>	4001			
						"PICK U	ıp is at tl	ie ARC	•		
	Plea	se compute the	cost for the we	ek. Fill in the bla	anks helow	, <u>.</u>					
		•	OF FULL DAYS		x \$30.00						
			OF HALF DAYS		x \$21.60	=				_	
		9	SWIM		X \$5.00	=				_	
	SEC	OND CHILD #	OF FULL DAYS		x \$25.50	=				_	
	SLO		OF HALF DAYS		x \$18.00	=				_	
			SWIM		X \$5.00	=				_	
	TUID		OF FULL DAYS		x \$25.50	=				_	
	INIK		OF HALF DAYS		x \$18.00	=				_	
			SWIM	-	X \$10.00 X \$5.00	- -				_	
		_	7 7 7 11 11		_Λ Ψ3.00	_				_	
					TOT	<u>AL</u>				_	
<u>LA</u> 1	TE FEE POLICY			<u>OPTIO</u>	ONS FOR S	CHEDUL	ING ANI	D PAYM	<u>IENT</u>		
	due the Monday <i>p</i> week needed.	<i>rior</i> to	Mail Sched	lule and Payment to:	SRAP&R 3	20 N. Mai	n St., Sli _l	opery R	ock PA 16057	7	
First 1	Time Offense: \$10		Email Sche	dule: playsafe@s	rpark.org aı	nd <i>mail pa</i>	ayment/k	keep cre	edit card on i	file	
Second	Time Offense: \$25			94-8181 and <i>mail p</i>		•	-	•			
		<u></u>	Submit Sch	edule and Payme	nt in Park O	ffice or in	the Dro	pbox af	ter hours		
	Credit card #:			_exp. date:	Zip cod	e:	cs\	/#	_		

Week Neede	ed: July	14-18	Due to t	he Park Office:	Monday	JULY 7	<mark>, 2025</mark>				6
Child's Name:			_	Child's Name:_							
Child's Name:			_								
	Please ind	licate on each da	y your child(ren) w	ill he attending if t	nev will he r	resent fo	r a full (dav or h	alf day		
			ling swim on Thurs								
	MONDAY		SDAY	WEDNESDAY			HURSD.			FRI	DAY
_	HALF FULL	HALF	FULL	HALF FULL	_	HALF	FULL	SWIM		HALF	FULL
First Child											
Sec. Child					1						
Third Child]		L				
						*Pick t	ıp is at t	he ARC'	•		
	PI	aasa computa t	he cost for the we	ack Fill in the hi	anks halow	ŗ.					
		RST CHILD	# OF FULL DAYS	sek. Till ill lile bli	x \$30.00	· =					
	• • •		# OF HALF DAYS		x \$21.60	=				_	
			SWIM		X \$5.00	=				_	
	CF	COND CIIII D	# 05 5111 DAVC		-					_	
	36	COND CHILD	# OF FULL DAYS # OF HALF DAYS		x \$25.50 x \$18.00	=				_	
			SWIM		X \$5.00	- -				-	
					_					_	
	TH	IRD CHILD	# OF FULL DAYS		x \$25.50	=				_	
			# OF HALF DAYS		x \$18.00	=				_	
			SWIM		X \$5.00	=				_	
					TOT	<u>AL</u>				_	
1.47	E EEE BOLLOV			OPTI	NC FOD C	CHEDIII	INIC AN	D DAVA	AFAIT		
LAI	E FEE POLICY			UPIII	ONS FOR S	CHEDUL	ING AN	U PAIN	<u>IENI</u>		
	due the Monday week needed.	prior to	Mail Sche	dule and Payment to:	SRAP&R 3	20 N. Mai	n St., Sli	ppery R	ock PA 16057	1	
First 1	Time Offense: \$10)	Email Scho	edule: playsafe@s	rpark.org aı	nd <i>mail pa</i>	ayment/	keep cre	edit card on i	ïle	
Second	Time Offense: \$3	25	Fax: 724-7	94-8181 and <i>mail p</i>	ayment						
			Submit Sc	hedule and Payme	nt in Park O	ffice or in	the Dro	pbox af	ter hours		
	Credit card #:			exp. date:	Zip cod	e:	cs	V#	_		

Week Neede	/eek Needed: July 21-25			Due to th	<mark>ne Park Offic</mark>	<mark>e: Monday</mark>	JULY	<mark>14, 202</mark>	5			7
Child's Name:					Child's Nam	e:						
Child's Name:												
	Please i	ndicate on eac	h dav vour ch	nild(ren) wi	ll be attending	if thev will be i	present f	or a full	dav or h	alf dav.		
					day, please mal							
	MONDAY		TUESDAY		WEDNESD			THURSD			FR	IDAY
_	HALF FULL	_ F	IALF FULL		HALF FUI	<u>.L</u>	HALF	FULL	SWIM		HALF	FULL
First Child												
Sec. Child												
Third Child												
							*Pick	up is at t	he ARC	•		
		Olassa samuu	ita tha aaat	far tha wa	ak Eillimaha	blanka balaw						
		riease compi FIRST CHILD		IOT THE WE JLL DAYS	ek. Fill in the	x \$30.00	v. =					
		-IK31 CHILD		ALF DAYS		x \$30.00 x \$21.60	-				_	
			SWIM	ALI DAIS		X \$5.00	=				_	
											_	
	S	SECOND CHIL		JLL DAYS		x \$25.50	=				_	
				ALF DAYS		x \$18.00	=				_	
			SWIM			X \$5.00	=				_	
	T	THIRD CHILD	# OF FU	JLL DAYS		x \$25.50	=					
			# 0F H	ALF DAYS		x \$18.00	=				_	
			SWIM			X \$ 5.00	=				_	
						<u>T0T</u>	AL				_	
LAT	TE FEE POLICY		Г		<u>OF</u>	TIONS FOR S	CHEDUI	LING AN	D PAYN	<u>IENT</u>		
Schedules are due the Monday <i>prior</i> to the week needed.				Mail Sche	dule and Payme to:	ent SRAP&R 3	20 N. Ma	in St., Sl	ippery R	ock PA 1605	7	
First T	Time Offense: \$	k10		Email Sche	edule: playsafe	Osrpark.org a	nd <i>mail u</i>	navment.	keen cr	edit card on	file	
	Time Offense:				94-8181 and <i>ma</i>			,,			·-	
	-		I		nedule and Payı		ffice or i	n the Dro	pbox af	ter hours		
			-									
	Credit card #:_				exp. date:	Zip cod	le:	cs	V#			

Week Need	Veek Needed: July 28 - Aug 1					e Park	Office:	Monday	JULY 2	<mark>21, 2025</mark>			8
Child's Name:						Child's	Name:_						
Child's Name:													
	Please ind	icate on each	day youi	r child((ren) will be	attending	if they	will be prese	ent for a	full day o	or half day.		
	MONDAY		TUES	DAY		WEDN	ESDAY		THUE	RSDAY		FRI	DAY
First Child	HALF FULL	1 r	HALF	FULL	1	HALF	FULL	7	HALF	FULL		HALF	FULL
Sec. Child		1						1					
Third Child] []					
		Please comp		e cost	for the we	ek. Fill ir	the bla	anks below:					
			ULL DAYS			x \$30.00	=			_			
		# OF H	ALF DAYS			x \$21.60	=			_			
		SECOND CH	ILD ;	# OF F	ULL DAYS			x \$25.50	=				
			7	# OF H	ALF DAYS			_x \$ 18.00	=			_	
		THIRD CHILI	D ;	# OF F	ULL DAYS			x \$25.50	=				
			7	# OF H	ALF DAYS			x \$18.00	=			- -	
								TOTA	\T				
								1017	<u>. L</u>			-	
LA	TE FEE POLIC			0	PTIONS	FOR SCHE	DULING	AND PA	YMENT				
Schedules are	due the Mor week neede		Mail Sched	ule and P to:	ayment	SRAP&R 32	.0 N. Mai	n St., Slip	pery Rock F	A 16057			
First 1	Time Offense	: \$10					_	park.org and	l <i>mail pa</i>	yment/ke	ep credit ca	rd on file	,
Second	Time Offens	e: \$ 25			Fax: 724-79		-	=					
					Submit Sch	edule and	l Payme	nt in Park Of	fice or ir	the Dro	pbox after h	ours	
	Credit card #			_exp. dat	e:	Zip code	e:	CS\	/#				

Week Need	ed:	August 4-8		Due to th	e Park	Office:	Monday	JULY 2	<mark>28, 2025</mark>			9
Child's Name	: 				Child's	Name:_						
Child's Name	:											
	Please ind	icate on each o	lay your child	l(ren) will be	attending	if they	will be prese	ent for a	full day oı	r half day.		
	MONDAY		TUESDAY		WEDN	ESDAY		THUE	RSDAY		FRI	DAY
First Child	HALF FULL	1 [HALF FULL	7	HALF	FULL	1	HALF	FULL		HALF	FULL
Sec. Child		 		-			_					
Third Child		j [_								
		Please comp	ute the cos	t for the wee	ek. Fill ir	the bla	nks below:					
		FIRST CHILD		FULL DAYS			x \$30.00	=				
		# 0F I	HALF DAYS			x \$21.60	=			- -		
		SECOND CH	I LD # 0F F	FULL DAYS			x \$25.50	=				
			# OF I	HALF DAYS			x \$ 18.00	=				
		THIRD CHILD) # 0F F	FULL DAYS			x \$ 25.50	=				
			# 0F I	HALF DAYS			x \$18.00	=			-	
							<u>TOT</u>	<u>L</u>			_	
1.4	TE EEE DOLL	nv.			0	DTIONS	FOR COUR	DIII INC	AND DAY	VAAFAIT		
	TE FEE POLIC						FOR SCHE	DULING	AND PA	<u>YIVIENI</u>		
Schedules are the	e due the Mor e week neede	, ,		Mail Sched	ule and P to:	ayment	SRAP&R 32	0 N. Mai	n St., Slip _l	pery Rock P	A 16057	
	Time Offense					_	park.org and	l <i>mail pa</i>	yment/ked	ep credit car	d on file	,
Second	d Time Offens	e: \$25		Fax: 724-79		=	=	flaa ay !	the Dur-	havattar ba		
				Submit Sch	eaule and	rayme	nt in Park Of	tice or in	tne prop	box after ho	urs	
	Credit card #	# :			_exp. dat	e:	Zip code	e:	csv	#		

Week Need	ed:	August 11-15	j	Due to th	e Park	Office:	Monday	AUGU:	<mark>ST 4, 20</mark> 2	25		10
Child's Name:	· 				Child's	Name:_						
Child's Name:	:											
	Please ind	icate on each d	ay your child	(ren) will be	attending	if they	will be prese	ent for a	full day or	half day.		
	MONDAY		TUESDAY		WEDN	ESDAY		THUR	RSDAY		FRII	DAY
Firet Ohild	HALF FULL	1 -	HALF FULL	1	HALF	FULL	1	HALF	FULL	ı	HALF	FULL
First Child Sec. Child		 		-			-					
Third Child		1		1			1					
			-	_		-	_		-		-	
		Please comp	ute the cost	for the wee	k Fill in	the bla	anks helow					
		FIRST CHILD		ULL DAYS	. K. 1 K. II	i tiic btc	x \$30.00	=				
			# 0F H	IALF DAYS			x \$21.60	=				
		LD # 0F F	ULL DAYS			x \$25.50	=					
			# 0F H	IALF DAYS			x \$18.00	=				
		THIRD CHILD	# 0F F	ULL DAYS			x \$ 25.50	=				
			# 0F H	IALF DAYS			x \$18.00	=				
							TOTA	<u>\L</u>				
						DTIONS	EOD COLLE	DIII INO	AND DAY	/A		
	TE FEE POLIC						FOR SCHE	<u>DULING</u>	ANU PAY	MENI		
Schedules are the	e due the Mor e week neede		Mail Sched	ule and P to:	ayment	SRAP&R 32	.0 N. Mai	n St., Slipp	ery Rock P	A 16057		
	Time Offense			I		_	park.org and	d <i>mail pa</i>	yment/kee	p credit car	d on file	,
Second	d Time Offens	e: \$25		Fax: 724-79		-	-	::	Aha Dur-			
				Submit Sch	edule and	rayme	nt in Park Ut	TICE OF IN	i the Dropi	oox after no	urs	
	Credit card #	# :			_exp. dat	e:	Zip cod	e:	CSV	#		

Week Need	ed:	August 18-2	2		Due to th			Monday Monday	AUGU	ST 11, 202	!5		11
Child's Name:	<u>.</u>					Child's	Name:_						
Child's Name:	:												
	Please ind	icate on each (day you	r child	(ren) will be	attending	if they	will be prese	ent for a	full day or	half day.		
	MONDAY		TUES	DAY		WEDN	ESDAY		THUF	RSDAY		FRII	DAY
Elect Obilet	HALF FULL	¬	HALF	FULL	ſ	HALF	FULL	٦	HALF	FULL		HALF	FULL
First Child Sec. Child								+					
Third Child								1					
			-				-	_					
		Please comp	oute the	e cost	for the we	ek Fillir	the bla	anks helow					
		FIRST CHILD			ULL DAYS	ck. Tikin		x \$30.00					
			;	# 0F H	ALF DAYS			x \$21.60	=				
		SECOND CH	ILD :	# 0F F	ULL DAYS			x \$25.50	=				
			;	# 0F H	ALF DAYS			_x \$18.00	=				
		THIRD CHILD)	# OF F	ULL DAYS			x \$25.50	=				
			;	# 0F H	ALF DAYS			x \$18.00	=				
								TOTA	\T				
								1017	<u>. L</u>				
LA	TE FEE POLIC			0	PTIONS	FOR SCHE	DULING	AND PAY	MENT				
Schedules are due the Monday <i>prior</i> to the week needed.					Mail Sched	lule and P to:	ayment	SRAP&R 32	:0 N. Mai	n St., Slippe	ery Rock P	A 16057	
First	Time Offense	: \$10			Email Sche	dule : play	safe@sr	park.org and	l <i>mail pa</i>	yment/keep	o credit car	d on file	,
Second	d Time Offens	e: \$25			Fax: 724-79		•	-					
					Submit Sch	edule and	l Payme	nt in Park Of	fice or in	the Dropb	ox after ho	urs	
	Credit card #:					exp. dat	e:	Zip code	e:	CSV#			

Week Need	ed: A	August 25-29		Due to th	e Park	Office:	Monday	AUGU	ST 18, 2	025		12
Child's Name:					Child's	Name:_						
Child's Name:												
	Please ind	icate on each day	your child(ren) will be	attending	if they	will be pres	ent for a	full day o	or half day.		
	MONDAY	TU	UESDAY		WEDN	ESDAY		THUE	RSDAY		FRI	DAY
	HALF FULL	, HA	LF FULL		HALF	FULL	7	HALF	FULL		HALF	FULL
First Child Sec. Child		<u> </u>						-				
Third Child		<u> </u>										
		J					J					
		Please compute			ek. Fill ir							
		FIRST CHILD		JLL DAYS			x \$30.00					
			# OF H	ALF DAYS			x \$ 21.60	=				
		SECOND CHILD	# OF FU	JLL DAYS			x \$25.50	=				
			# 0F H	ALF DAYS			x \$18.00	=				
		THIRD CHILD	# OF Fl	JLL DAYS			x \$25.50	=				
			# OF H	ALF DAYS			x \$18.00	=				
							TOTA	\L				
											•	
<u>LA</u>	TE FEE POLIC	<u>ey</u>			<u>0</u>	<u>PTIONS</u>	FOR SCHE	DULING	AND PA	YMENT		
Schedules are	due the Mon week neede	• •		Mail Sched	ule and P to:	ayment	SRAP&R 32	20 N. Mai	n St., Slip	pery Rock P	A 16057	
	Time Offense: Time Offense	•		Email Scheo Fax: 724-79		_		l <i>mail pa</i>	yment/ke	eep credit car	d on file	,
				Submit Sch	edule and	Payme	nt in Park Of	fice or in	the Dro	pbox after ho	urs	
	Cradit card t	t:	_		ovn det		Zip cod	<u> </u>	CC			
	Credit card #	·			_exp. uat	e	Zip coa	e	03	v #		