



## CLASS REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEMBER - YES \_\_\_\_\_ NO \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

CLASS(ES): \_\_\_\_\_

CHEQUE \_\_\_\_\_ CASH \_\_\_\_\_ VISA or M.C. \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

**REFUND POLICY:** No refunds - unless class is cancelled.

**EXCEPTION:** Due to extreme illness or injury, refund on a prorated basis less \$25 administration fee.

**REGISTRATION FOR PART SESSIONS:** You may register for at least one half of the class (if class is not full) day before class starts.

In consideration of my acceptance for enrollment in *St. Albert Senior Citizens' Club* classes, I release the Club and employees from any and all liabilities for any injuries or damages I may suffer from my participation in the classes.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please fill out, sign and date, then mail to:

**St. Alberta Senior Citizens' Club**

7 Tache Street

St. Albert, Alberta T8N 2S3

phone: (780) 459-0433