



**ST. ALBERT SENIOR CITIZENS' CLUB**  
**7 TACHE STREET**  
**ST. ALBERT, AB T8N 2S3**  
**PH: (780) 459-0433**

**CLASS REGISTRATION**

**NAME** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**MEMBER**      **YES** \_\_\_\_\_      **NO** \_\_\_\_\_

**MEMBERSHIP#** \_\_\_\_\_

**CLASS:** \_\_\_\_\_

**CHQ** \_\_\_\_\_ **CASH** \_\_\_\_\_ **VISA** \_\_\_\_\_ **M/C** \_\_\_\_\_ **DEBIT** \_\_\_\_\_

**REFUND POLICY:** No refunds unless class is canceled.

**REGISTRATION FOR PART SESSIONS:**

May register for at least one half if 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** \_\_\_\_\_