CLASS / ACTIVITY REGISTRATION

Registration is on a first come, first serve basis.

You must be a member of the Orchard Park Senior Center to register.

**BY MAIL:** A separate form must be filled out for EACH person. Make checks payable to

Town of Orchard Park. Mark envelope CLASS REGISTRATION. Include a self-addressed envelope for class confirmation and receipt if desired.

**WALK-IN:** Bring your completed registration form along with EXACT payment (cash or check).

**Please make sure all registration forms are filled out completely, accurately and legibly.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **COMPLETE COURSE TITLE** | **DAY** | **TIME** | **START DATE** | **FEE** |  |
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|  |   |   |   | **TOTAL** |  **$** |  |
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Please circle one: CASH CHECK #\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAIL TO: CLASS REGISTRATION Office Use Only:

Orchard Park Senior Center Date Proc. \_\_\_\_\_\_\_\_\_\_\_\_

 4520 California Road

 Orchard Park, NY 14127 Staff Initials \_\_\_\_\_\_\_\_\_\_\_