Fall 2017 Program/Course
REGISTRATION FORM

Bowmanville Older Adult Association BOAA

Today's Date: _____

First Name:	**Last Name:**
Phone #:	**Member Key Tag #:**
Birth Date (mm/dd/yyyy):	

Program (include level if applicable)	**Day/Time**	**Instructor**	**Cost**
		TOTAL:	

Method of Payment

Cash ⌗ Cheque ⌗ Debit ⌗ Credit ⌗

Volunteer / Staff Signature: _____

If you require "Wheels in Action" Transportation please also complete the following request:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Pick-Up Time Requested:							
Departure time from Beech:							

WOULD YOU LIKE TO AUTOMATICALLY BOOK THIS RIDE FOR THE ENTIRE PROGRAM SESSION?

YES ☐ **NO** ☐