


Spring/Summer 2017 REGISTRATION FORM

Program/Course
Bowmanville
Older Adult
Association 

Today's Date: _____

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

<u>Program</u> (include level if applicable)	<u>Day/Time</u>	<u>Instructor</u>	<u>Cost</u>
		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