

SPRING 2019 REGISTRATION FORM



Date _____

First Name:	Last Name:
Phone #:	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:	

BOAA Gift Certificate or Credit Note # _____ Amount Redeemed - _____
Grand Total _____

Method of Payment

Cash Cheque Credit Debit
 Volunteer 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 BOAA							

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

YES NO