

# FALL 2019 REGISTRATION FORM



Date \_\_\_\_\_

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

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

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
<b>Pick-up Time Requested:</b>							
<b>Departure time from BOAA</b>							

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

YES  NO