



Program Registration Form

Shalom@jccnv.org

Please use one form per person and enclose a check made payable to the JCCNV, or provide your Visa or MasterCard number, expiration date and signature. **No registration will be accepted without payment.**

PLEASE PRINT AND FILL OUT COMPLETELY.

Date _____

First Name _____ Middle _____ Last _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ Email _____

If Child, D.O.B. _____ Age _____ Grade _____

Is child enrolled in JCCNV day care on the day of this class? Yes No

Emergency contact with phone _____

CODE	ACTIVITY	COST
_____/_____/_____/_____	_____	\$ _____
_____/_____/_____/_____	_____	\$ _____
_____/_____/_____/_____	_____	\$ _____
_____/_____/_____/_____	_____	\$ _____

Please check your member status below: TOTAL \$ _____

Full Member – Member # _____ Associate Non-Member

Total Enclosed \$ _____ Check VISA MasterCard

Cardholder's Name (please print) _____ Card Number _____

Expiration date _____ 3-digit Security Code _____ Signature _____

- Associate members pay non-member rates, except where stated.
- Non-member guests of Full and Mini members must pay non-member rates.

Refund Policy: Cancellation prior to the day of the first session will incur a \$7 handling charge that is deducted from any refund. No refunds will be made for one-time programs after the program has begun.

I/we **DO NOT** give permission for the JCCNV to use, for promotional or other purposes, any photos in which I or my child appears participating in JCCNV activities.

You should consult your physician before beginning any physical activity or engaging in any physical program.

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