## McLEAN COMMUNITY CENTER REGISTRATION FORM

# Classes, Tours, Community Events and Camps

Have you registered to receive our E-mail Newsletter?
❑ YES ❑ NO

Would you like to?
❑ YES ❑ NO

★ Staple check for class fees to this form. If faxing form, complete credit card information.

★ Mail, fax or bring form to: McLean Community Center, 1234 Ingleside Avenue, McLean, VA 22101

PHONE: **703-790-0123,** TTY: **711** ★ FAX: **703-556-0547**

★ To register online or to submit an application by E-mail, visit our Web site: www.mcleancenter.org

_____ E-MAIL: _____
*(Adult or Parent Name)* LAST FIRST *(optional)*

_____ HOME PHONE _____
ADDRESS

_____ WORK PHONE _____
CITY STATE ZIP

## COMPLETE ONE LINE FOR EACH REGISTRATION

| Activity # | Activity Name | Name of Registrant | Age | DOB *(under 18)* | Sex | Activity Fee | Materials Fee |
|---|---|---|---|---|---|---|---|
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**REGISTRATION BEGINS:**
RESIDENTS: **May 11**
NON-RESIDENTS: **May 18**

| | |
|---|---|
| Senior Discount | |
| Total Activity Fee | |
| Tour Supplement | |
| **TOTAL DUE:** | |

Check here ☐ if **ADA** accommodation is needed.

How did you hear about this event?: _____

❑ MC ❑ AMEX ❑ VISA Credit Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ *Expiration date:* _____

Signature _____ Print Name _____
*(as it appears on credit card)*

❑ YES, I would like to become a member of Friends of the McLean Community Center. I am enclosing a separate check, for my tax-deductible membership contribution, in the amount of $35 made payable to **Friends of the MCC**.

I have read and agree to participate in the activity/event according to the registration procedures stated on page 44: _____
*(Please initial here)*

### FOR OFFICE USE ONLY

Check # _____ Check Amt. $ _____ Written By: _____ Materials Check # _____ Check Amount $ _____

Check Returned _____ Check Refunded _____ Other Notes _____