

- ★ Please make checks payable to **McLean Community Center**.
- ★ Staple checks for class fees to this form. If faxing form, complete credit card information.
- ★ Mail, fax or bring form to: McLean Community Center, 1234 Ingleside Ave., McLean, VA 22101.

Have you registered to receive our e-mail newsletter?

YES NO

Would you like to?

YES NO

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

★ To register online or to submit an application by e-mail, visit our website: **www.mcleancenter.org**.

_____ E-MAIL: _____
(Adult or Parent Name) LAST FIRST D.O.B

_____ HOME PHONE _____
ADDRESS

_____ WORK PHONE _____
CITY STATE ZIP

MCLEAN TAX DISTRICT RESIDENT NONRESIDENT CELL PHONE (optional) _____

COMPLETE ONE LINE FOR EACH REGISTRATION

Activity	Activity Name	Name of Registrant	D.O.B.	Sex	Activity Fee
Total Activity Fee					
Senior Class Discount					
TOTAL DUE:					

REGISTRATION BEGINS:
RESIDENTS: Monday, August 15
NON-RESIDENTS: Monday, August 22

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

How did you hear about this class/activity? _____

MC AMEX VISA Credit Card # CCV

DISCOVER

Signature _____ Print Name _____ Expiration date: _____
(as it appears on credit card)

To become a member of Friends of the McLean Community Center, you may charge your \$25 tax-deductible membership at **www.FriendsMCC.com** or you may enclose a separate check made payable to Friends of MCC with this registration.

The McLean Community Center reserves the right to photograph and videotape all of its activities, events, classes, programs and facilities for promotional purposes.

I have read and agree to participate in the activity/event according to the registration procedures stated on page 60: _____
(Please initial here)

FOR OFFICE USE ONLY

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

Check Returned _____ Check Refunded _____ Other Notes _____