REGISTRATION FORM

★ 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.

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**.

Have you registered to receive our e-mail newsletter?
❑ YES ❑ NO

Would you like to?
❑ YES ❑ NO

_____ 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, December 2**
NON-RESIDENTS: **Monday, December 9**

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

How did you hear about this class/activity? _____

❑ MC ❑ AMEX ❑ VISA Credit Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ *CCV* ☐☐☐
❑ DISCOVER *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 $25 made payable to **Friends of the MCC**.

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 _____

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