

# 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](http://www.mcleancenter.org).

Have you registered to receive our e-mail newsletter?

YES  NO

Would you like to?

YES  NO

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

\_\_\_\_\_  
ADDRESS HOME PHONE \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP WORK PHONE \_\_\_\_\_

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		
			<b>TOTAL DUE:</b>		

### 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     Expiration date: \_\_\_\_\_

DISCOVER

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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