

REGISTRATION FORM

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- ★ 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, May 13**

NON-RESIDENTS: **Monday, May 20**

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

How did you hear about this class/activity? _____

MC AMEX VISA Credit Card # _____ 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 39: _____
 (Please initial here)

FOR OFFICE USE ONLY

Check # _____ Check Amt. \$ _____ Written By: _____ Materials Check # _____ Check Amount \$ _____
 Check Returned _____ Check Refunded _____ Other Notes _____