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, 6645 Old Dominion Dr., McLean, VA 22101. 						Have you registered to receive our e-mail newsletter?	
	744-9365, TTY: 711 FAX: 7 online or to submit an appl		t our website: ww	w.mcleancenter.org.	Wo	ould you like to? YES NO	
(Adult or Parent Name) LAST		FIRST	D.O.B HOME PHONE				
ADDRESS			WO	RK PHONE			
CITY		STATE	ZIP	MKTHONE			
☐ McLE	AN TAX DISTRICT RESIDENT	Nonresident	CELL PHONE (o	ptional)			
	СОМ	PLETE ONE LINE	FOR EACH RE	GISTRATION			
Activity	Activity Name		Registrant	D.O.B.	Sex	Activity Fee	
				Total Act	Livity Fee		
				Senior Class Discount			
				TOTAL DUE:			
				eck here if ADA ommodation is nee	ded.		
How did you	ı hear about this class/ac	tivity?					
☐ MC ☐ AM ☐ DISCOVER	EX 🗖 VISA Credit Card #				Expira] []] tion date	
Signature							
	a member of Friends of the						
facilities for p	Community Center reserves to romotional purposes. In agree to participate in t		-			page 48:	
		FOR OFFI	CE USE ONLY			(Please initial here	

Check # _____Check Amt. \$ ____Written By: ____Materials Check # ____Check Amount \$ ____

Check Returned _____ Check Refunded _____ Other Notes _____