

2008 REGISTRATION FORM

CONTACT INFORMATION:

Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell / Pager: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Additional Numbers: _____

How did you hear about us? () Referral () WaterFront Center Mailing () Previous Customer

() Web Site () Advertisement () Other: _____

COURSE SELECTION:

Participant's Name	Course	Date(s)	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal\$ _____

Less Discounts\$ _____

Deposit (50 %)\$ _____

Tax deductible contribution \$ _____

Total\$ _____

PAYMENT INFORMATION:

() Check #: _____

() Credit Card # _____

Exp. Date: ___/___/___ Security Code: _____

() Visa () Mastercard () Am Ex

I hereby authorize The WaterFront Center to charge my credit card for the amount of \$ _____

_____ Date: _____

FEES, TERMS AND CONDITIONS:

Please see each section for applicable terms, Then sign and date below.

I have reviewed, understand and agree to all applicable fees, terms and conditions as stated in The WaterFront Center's 2008 Program Guide.

Signature: _____

Date: _____

1 West End Avenue, Oyster Bay, NY 11771

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