

REGISTRATION FORM

Winter Fun Days 2010

Child's Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ Zip: _____

Home #: _____ Cell#: _____

Email: _____

Name of Classes: _____

Total # of Classes = _____ x \$20 (ARNHA member) = \$ _____

= _____ x \$25 (Non-ARNHA member) = \$ _____

Family Nature Crafts 2010

Adult Name: _____

Teens, ages 13 to 17, Name: _____

Children, ages 5 to 12, Name(s): _____

Address: _____

City: _____ Zip: _____

Home #: _____ Cell#: _____

Title of Craft Class # of Adults # of Children

_____ + _____ x \$6/person = \$ _____

_____ + _____ x \$6/person = \$ _____

Check this box if you **are** an ARNHA member

Payment Method: MasterCard ISA check ash

Make check payable to: EYNC

Credit Card Number: _____ Expiration Date: _____/_____/_____

Signature: _____

Indicate total amount \$ _____