

DDP Yoga Registration Form

MAIN CONTACT

Adult's first name _____ Adult's last name _____
 Address _____ City/Town _____ Postal Code _____
 Home Phone _____ Daytime phone _____ Email _____

PARTICIPANT 1				
First name	Last name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Program Name	Start Date	Start Time	Location	Fee + Taxes (13%)
1				
2				
3				
If class is full please: <input type="checkbox"/> Wait List <input type="checkbox"/> Try another course (below)				
Program Name	Start Date	Start Time	Location	Fee + Taxes (13%)
1				

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First name	Last name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Program Name	Start Date	Start Time	Program Name	Start Date
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1			1	

PAYMENT

Cash Cheque (payable to the Township of Guelph/Eramosa) Debit Visa Mastercard

Credit Card # _____ Expiry date (mm/yy) _____
 Cardholder's name (print) _____ CVC(Number on back of card) _____

From time to time, the Township of Guelph/Eramosa contacts participants for informational purposes. We are committed to protecting your personal privacy and will not share your personal information with outside organizations. By checking the box below you indicate you DO NOT wish to be contacted by the Township of Guelph/Eramosa for the purpose stated above.

Please DO NOT contact me with updates or for information purposes

Personal information on this form is collected under the legal authority of the Municipal Act, S.O. 2001, c.25 as amended. The information is collected and maintained for the purpose processing your registration form.

Questions about this collection should be directed to the Clerk's Office. 519-856-9596 ext. 125.

Alternate formats of this form are available upon request