



Richmond Centre for Disability

"Promoting a new perspective on disability"



Creative Arts Course Registration Form 2017



First & Last Name: _____

Phone: _____ Email: _____

Address: _____

Emergency contact:

Contact person: _____

Relationship: _____

Telephone: _____ Cell: _____

FOR OFFICE USE ONLY

Course Costs \$ 20.00 _____

Cheque Cash Visa Master Debit

Term	Period	Receipt #	Received by	Date
1	<input checked="" type="checkbox"/> Jan 16 - Mar 13	_____	_____	_____
2	<input checked="" type="checkbox"/> Apr 24 – Jun 19	_____	_____	_____
3	<input checked="" type="checkbox"/> Sep 18 – Nov 13	_____	_____	_____
4	<input type="checkbox"/>	_____	_____	_____

Note: