



Richmond Centre for Disability

“Promoting a new perspective on disability”

English Class Registration Form

September 11th to November 20th, 2017

(Mondays & Wednesdays)

Name: _____

Telephone: _____ Cell: _____

Address: _____
City Province Postal Code

Email: _____

Membership till date (mm/dd/yyyy): _____ Renewal Fee: _____

Courses:

- | | | | |
|--------------------------|-------------------|---------------|------|
| <input type="checkbox"/> | Fun with words | 1pm-2pm | \$80 |
| <input type="checkbox"/> | Reading & Writing | 1pm-2pm | \$80 |
| <input type="checkbox"/> | Conversation | 2:15pm-3:15pm | \$80 |

If parent/caregiver/other contact person is registering for the participant

Contact Person: _____ Relationship: _____

Telephone: _____ Cell: _____

For Office Use Only

Payment Method: _____ Total Paid: _____

Receipt #: _____ Received by: _____ Date: _____