



Program Registration Form

Participant Name: _____

Home Address: _____

Postal Code: _____ **Home Phone:** (_____) **Work Phone:** (_____)

Email Address: _____ **Cheque Number #** _____

This form may be either completed and brought to the registration night or completed during the registration session, at which time participants will be officially registered for the corresponding classes. Fees must be paid ON registration night. Absence from a program does not reduce the cost; therefore, a credit or refund cannot be given for absences. **Please make any cheques payable to PVCA.**

Program Name	Participant's Name	Age Category	Fees	Start Date
		Membership #		
		Total \$		

For Prairie View Community Association Membership and Program Fees:

Receipt Total \$: _____ Receipt #: _____

This is your official receipt for tax purposes!

