Registration Form (PLEASE PRINT)

NAME OF CLASS	DATES	DAY OF CLASS	TIME OF CLASS	FEE
Please complete all inform	ation requested	d to expedite your reg	istration	
Name				
Address				
	Zip Code			
Home Phone	Work Phone			
☐ Lakewood resident	□Nonresider	nt		
☐ Check ☐ MasterCard ☐ Visa Card ☐ Discover Card				

Expiration Date_

Alternative formats of this publication available upon request.

REFUND, CREDIT & TRANSFER POLICY

Number

We reserve the right to cancel or combine classes. A full refund will be issued if the Family Services Division cancels a class. Your payment will be credited to your household account, and you will be notified to discuss your options. All refund requests must go through the program staff. Request for refunds/transfers must be made no later than three days in advance of the start of an activity. Refund/transfer requests after the start of an activity will be prorated accordingly. There is a \$5 processing fee for all refunds. Please allow three weeks to receive a refund.

SIGN UP EARLY!!

Don't let a good program pass you by! Please use a check or money order payable to the City of Lakewood. Checks returned due to insufficient funds will be assessed a \$20 processing fee. Discover, MasterCard and Visa are accepted for all activities.

