



YOUTH & ADULT PROGRAMS

Please see our flyer for current program schedule @ www.niagarafallsartgallery.ca

Art Classes		Please bring this form with you to register or you can MAIL it to our Regional OFFICE: 8058 Oakwood Dr, Niagara Falls, Ont, L2E6S5	
TUES Eve	<input type="checkbox"/>	\$150.00	ACCEPTED Method of PAYMENT INCLUDED
WED Eve	<input type="checkbox"/>	\$150.00	
Class Title(s): <input type="text"/> <input type="text"/>		MAIL: Credit Card(Fill Below), Money Order, Cash	
		<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> OTHER <input type="text"/>	
		CARD#: <input type="text"/>	
		EXP: <input type="text"/> Please include billing address below	
		CVC: <input type="text"/> (Last 3 digits on reverse side)	
		AUTHORIZATION SIGNATURE (Please sign the Printed Form) <input type="text"/>	
		NAME AS APPEARS ON CARD (Please Print) <input type="text"/>	
		<input type="checkbox"/> PHONE: Credit Card <input type="checkbox"/> In Person: Cash, Debit*, Credit* <input type="checkbox"/> ONLINE <input type="button" value="PAY 4 CLASS"/>	
Better Living Classes		PAYMENT POLICY	
MON Eve	<input type="checkbox"/>	Tai Chi \$100.00	Payments are non-refundable. Equivalent monetary credit toward programming only.
	<input type="checkbox"/>	ZUMBA \$100.00	
TUES Eve	<input type="checkbox"/>	DANCE \$100.00	*Only available at Regional Office
	<input type="checkbox"/>	Summer YOGA \$100.00	
WED Eve	<input type="checkbox"/>	Meditation \$50.00	
	<input type="checkbox"/>	YOGA \$100.00	
	<input type="checkbox"/>		

STUDENT INFORMATION

FULL NAME:

AGE (If under 18): EMAIL:

ADDRESS / CITY / POSTAL CODE (*BILLING ADDRESS FOR CREDIT CARD PAYMENTS)

PHONE #: EMERGENCY PHONE #:

As a member I hereby transfer my vote to the Executive Director for the AGM

OFFICE USE ONLY

RECEIPT BOOK: _____ RECEIPT #: _____

Please note that participants in all of our programs may be photographed for media/promotional purposes.
Please initial this box if you wish N O T to be photographed: