

Fall 2008

REGISTRATION FORM

On-Line registration at
www.nsymca.org.

OFFICIAL USE ONLY

____/____/____

Fax-in/Drop-off Registration Dates:

Please print legibly using blue or black ink. You may use the same form for more than one member of the same family.

- **Member registration begins**
Monday, August 4, 2008 at 7:00 AM
- **Open registration begins** the following
Monday, August 11, 2008 at 7:00 AM

NSYMCA fax number: 847-272-7801
Drop off (during regular hours): North Suburban
YMCA, 2705 Techny Road, Northbrook, IL 60062

Registrants will be given confirmation of their
classes within three to five days of registering.

Please note your class or program will not be
guaranteed until you receive confirmation.

Last Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Emergency Phone: _____

I wish to receive confirmation/status of my class choices by:

Call or E-mail: _____

Choice	Class Name	Class Code	Fee	FALL I	FALL II	Day	Time	Participant's First Name & DOB	Gender		
									M	F	
1st											
2nd											
1st											
2nd											
1st											
2nd											
1st											
2nd											
Total all class fees			\$								

Classes with less than the minimum number of participants are subject to cancellation. Prices are subject to change.
If the YMCA cancels a class, every effort will be made to accommodate a participant into another class. Full refunds are available if the YMCA cancels a class.

Registration Policies

- Membership must remain current throughout the entire class period to qualify for member rates.
- A full refund will be issued if you cancel prior to the registration deadline or if the YMCA cancels a class.
- Registration received prior to the registration deadline receives a \$10 early registration discount, already reflected in pricing.
- Refer to the brochure for complete registration policy.
- The North Suburban YMCA does not turn away anyone due to the inability to pay. If you need assistance, please stop by the Customer Service Desk.
- If you would like to contribute to the Strong Kids Campaign, please contact Howard Schultz, Executive Director, at 847-272-7250, ext 1213.

Waiver

I agree to abide by the facility, program and membership policies of the NSYMCA at all times while on the premises. This waiver also allows the NSYMCA to use my image if caught on film, for the purpose of advertising and marketing.

Signature: _____

Payment Information

Type of Card:    

Credit Card #:

□□□□ □□□□ □□□□ □□□□

3 digit security # on back of card: □□□

Expiration Date: _____

Charge Amount (all fees and dues): \$ _____

Name on Card: _____

Transaction Signature: _____