

**REGISTRATION FORM** (PLEASE USE A SEPARATE FORM FOR EACH PARTICIPANT)

**Registration deadline is August 28, 2009**

Registrations might not be accepted after this time. Form must be filled out **COMPLETELY** for registration to be accepted.

**Please return this form to:**

Sabes Jewish Community Center  
 Jay & Rose Phillips Building, Barry Family Campus  
 4330 S. Cedar Lake Road, Minneapolis, MN 55416  
 Tel: 952.381.3400 | Fax: 952.381.3401 | e-mail: info@sabesjcc.org  
**OR complete registration online at [www.sabesjcc.org](http://www.sabesjcc.org).**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name (if registering for a child) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's School \_\_\_\_\_ District \_\_\_\_\_

- > Child will arrive by:  Bus (indicate time): \_\_\_\_\_  Parent drop-off  ECC/HaBonim  Other
- > How did you hear about our classes?  Program Guide  Website  Ad  Word of Mouth  E-mail
- > Are you a member of the Sabes JCC?  Yes  No Member Number (if known): \_\_\_\_\_
- > Are you interested in a Community Membership (see front cover for details)?  Yes  No  
 If yes, and you would like immediate member pricing on early fall classes, complete inserted membership form and submit with registration.

Course Name	Course Number	Section	Day(s)	Time	Fee (class charges are per section)
					\$
					\$
					\$
					\$
					\$
Discount if applicable					\$
Total Amount Due					\$

Check enclosed (Make checks payable to Sabes JCC)  Visa  MasterCard

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Unless this box is checked, I hereby grant permission to use the names, pictures and quotations of myself and/or my child for Sabes JCC publicity purposes.

I hereby agree to allow myself or my child to participate in the above named activity. I waive any and all rights and claims for damages I may have, for myself and/or my child, against the Sabes JCC and its employees and representatives, for any and all injuries from whatever cause occurring during participation in any activities or use of recreational facilities at or conducted by the Sabes JCC. I have also read, understand, and agree to all policies and procedures listed on previous page.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Date Received: \_\_\_\_\_ Total Class Fee \$ \_\_\_\_\_

Date Registered: \_\_\_\_\_ Total Amount Received \$ \_\_\_\_\_