



Oshawa Senior Citizens Centres-Registration Form
Mailing Address: 43 John Street West, Oshawa L1H 1W8

905-576-6712

Name:	Participation Card#:	Telephone:
Address:	City:	Postal Code:

Course #	Course Name	Location	Day	Time	Fee

Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Debit	Staff Only Initials:	Date:	Total Payment
Credit Card #:	Expiry Date (mm/yy):		

I hereby release the Oshawa Senior Citizens Centres from all claims for damages arising from an accident or injury which is caused by or arises from participation of the applicant indicated here on, during any program or in any facility or at any location where a program is being held.
 Refund Policy-refer to program guide.

Participant Signature:

If your first course preference is full, please use below to indicate 2nd choice.

Course #	Course Name	Location	Day	Time	Fee