

ADULT Registration Form **please fill out completely**

ONE FORM FOR EACH PROGRAM PARTICIPANT. PLEASE COPY THIS FORM FOR ADDITIONAL PARTICIPANTS.

NOTE: If you would like to receive confirmation of your registration, please include your email address.

| | | | | |
|------------------------------|------------|--|--|------------|
| CUSTOMER INFORMATION | | <input type="radio"/> Member (Membership Number: J_____) | <input type="radio"/> Non-Member | |
| First Name | Last Name | Birth date | Gender | |
| Street Address | City | State | Zip | |
| Home Phone | Work Phone | Cell Phone | Email <input type="checkbox"/> If this is a new email address, check here. | |
| EMERGENCY INFORMATION | | | | |
| Emergency Contact | Relation | Home Phone | Work Phone | Cell Phone |

| | | |
|------------------------|---|---------------------------|
| PROGRAM CHOICES | | |
| Program Title | Date & Time (required—this must be filled in) | Fee |
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| | | TOTAL FEES \$_____ |

| | | | |
|---|--|----------------------------------|----------------------------|
| PAYMENT INFORMATION (MUST BE COMPLETED) | | | |
| <input type="radio"/> Check enclosed and made payable to APJCC | <input type="radio"/> Visa | <input type="radio"/> MasterCard | <input type="radio"/> Cash |
| Card Number | Card Security Code (3 or 4 digit number) | Expiration Date | |
| <i>(if we already have your card number on file, you may simply write "on file" and sign your name)</i> | | | |
| Name on Card | Signature | | |

| | |
|---|------|
| PUBLICITY RELEASE | |
| I hereby grant permission to the APJCC to take photographs of me for marketing and fundraising purposes unless otherwise indicated in writing. I understand there is no financial compensation for the photographs. | |
| Signature | Date |

REGISTRATION OPTIONS:



Return completed form to
14855 Oka Road, Ste. 201
Los Gatos, CA 95032



Fax completed form to
408.358.7311



Drop form off at
APJCC Service Desk