

REGISTRATION

2009-10

Fall	<input checked="" type="checkbox"/>
Winter	<input type="checkbox"/>
Spring	<input type="checkbox"/>

Course number: _____

Course name: _____

Day and time: _____

NAME: _____

Address: _____

E-Mail: _____

#Tel. (home) _____

Course fee: _____ \$
 Certificate: _____ \$ (optional, 3 \$)
TOTAL : _____ \$

Method of payment: Cash
 Check
 Money order

Thank you to help us to better know our customers

What is your age group?

under twenty	<input type="checkbox"/>
20-35 years	<input type="checkbox"/>
36-50 years	<input type="checkbox"/>
51-65 ans	<input type="checkbox"/>
66 years and over	<input type="checkbox"/>

You have known La Maison des Arts by:

Friends	<input type="checkbox"/>
City bulletin	<input type="checkbox"/>
Program	<input type="checkbox"/>
Newspaper (which one)?	<input type="checkbox"/>
The Internet	<input type="checkbox"/>

Reimbursement for cancellation requested :

before the start of the course: deduction of \$5.
 cancellation after the 1st week: deduction of \$20
 cancellation after the 2nd week: no deduction

- Note :** 1) La Maison des Arts Rive-Sud reserves the right to cancel a course in case of insufficient registration.
 2) . If a class is cancelled because of bad weather, official holidays or absence of the person in charge, La Maison des Arts Rive-Sud will offer an additional class or a replacement teacher.

Responsability : The undersigned relieves La MdA, its administrators, employees and teachers from all responsibility for physical injury and for material loss incurred in connection with the above mentioned course.

Signature : _____

Date : _____

Donation

*I would like to offer a donation of \$ _____ for the support and growth of La Maison des Arts Rive-Sud.
 Please send my income tax receipt to the above address.*

Signature _____