



YMCA-YWCA

REGISTRATION FORM

RUDDY FAMILY YMCA-YWCA

StrongWomen™ Alumni Program

Thank you for your interest in the 2011/2012 StrongWomen™ Alumni Program.

To register please complete this registration form and return to the

Nepean YMCA-YWCA by email, mail or in person.

1642 Merivale Road, 2nd floor (Merivale Mall), Ottawa, ON K2G 4A1 613.727.7070

If you have any questions, please call Melody Rochon at 613.727.7070 or email her at

melody.rochon@nationalcapitalregionymca-ywca.ca

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CONTACT INFORMATION

Name: _____

Date of Birth: (mm/dd/yy) _____

Address: _____

Tel: _____ Cell/Work: _____

Email Address (please print clearly): _____

Emergency Contact: _____

Tel: _____ Cell/Work: _____

PROGRAM OPTIONS

Please indicate your Alumni module choices:

<i>Indicate choice</i>	<i>September 19th – December 16th, 2011</i>		
	<i>Ruddy Family Y</i>	<i>Module #1</i>	<i>Mondays 7:00 – 8:00 pm Wednesdays 7:00 – 8:00 pm</i>
<i>Indicate choice</i>	<i>January 2nd – March 30th, 2012</i>		
	<i>Ruddy Family Y</i>	<i>Module #2</i>	<i>Mondays 7:00 – 8:00 pm Wednesdays 7:00 – 8:00 pm</i>
<i>Indicate choice</i>	<i>April 2nd – June 29th, 2012</i>		
	<i>Ruddy Family Y</i>	<i>Module #3</i>	<i>Mondays 7:00 – 8:00 pm Wednesdays 7:00 – 8:00 pm</i>

FEE OPTIONS

Please indicate your Alumni program preference.

Please note: Refunds will not be issued for any absences or withdrawal from the program. There are no make-up classes due to Statutory or Civic holidays.

Alumni Package

Includes a one-year Core Y Membership and Module #1, #2, and #3 StrongWomen™ Alumni Program

Full payment (under 60 years) = \$835 + HST

Full payment (over 60 years) = \$710 + HST

Payment Plan (under 60 years) = 9 monthly payments of \$92.78 + \$4.25 monthly admin fee + HST

Payment Plan (over 60 years) = 9 monthly payments of \$78.89 + \$4.25 monthly admin fee + HST

Alumni Program Only

Full payment (Module #1, #2, and #3) = \$615.00 + HST

Individual Module Payment (one module) = \$205.00 + HST

PAYMENT INFORMATION (Please do not include financial information if you are emailing or faxing. For security reasons please give us a call or drop in with that information)

Full Payment MasterCard Visa Amex Cheque Cash/Debit

Name of cardholder: _____

Card #: _____

Expiry date: _____

Pre-authorized credit card withdrawal (15th of month) MasterCard Visa Amex

Name of cardholder: _____

Card #: _____

Expiry date: _____

Pre-authorized chequing account withdrawal (attach void cheque)

Name of Financial Institution: _____

Account #: _____

Transit #: _____

Bank #: _____

Participant signature: _____

Date: _____