



# Richmond Centre for Disability

"Promoting a new perspective on disability"



## Creative Arts Course Registration Form 2016



First & Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency contact:

Contact person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

### FOR OFFICE USE ONLY

Course Costs \$ 20.00 \_\_\_\_\_

Cheque    Cash    Visa    Master    Debit

Term	Period	Receipt #	Received by	Date
1	<input checked="" type="checkbox"/> Jan.11 – Mar. 07	_____	_____	_____
2	<input type="checkbox"/> Apr. – Jun.	_____	_____	_____
3	<input type="checkbox"/>	_____	_____	_____
4	<input type="checkbox"/>	_____	_____	_____

Note: