



Woodbine Ecology Center

Promoting Indigenous Values & Sustainable Communities

Family Program Registration Form

PLEASE PRINT CLEARLY

If paying by Visa, Mastercard or Discover, fill out below. Mail information to address on bottom of form or fax to 303.380.9889

OFFICE USE ONLY

Card Number: _____ CCV Code: _____ Expiration Date: _____

Amount: _____ Name on card: _____

Signature: _____ Today's Date: _____

Please Note: Type or print legibly and include a daytime phone number and/or e-mail so that we can reach you. There must be at least one adult participant per three children.

Deposits: All programs require a deposit or payment in full. Please enclose with this form a nonrefundable deposit or the entire program fee if the total is less than \$30.00 or the program starts in less than 30 days. Any balance due 30 days prior to the start of the program. You are not registered for a program until your deposit is received by us.

PARTICIPANT (1) NAME: _____

GENDER: _____ DATE OF BIRTH: _____ AGE: _____

PARTICIPANT (2) NAME: _____

GENDER: _____ DATE OF BIRTH: _____ AGE: _____

PARTICIPANT (3) NAME: _____

GENDER: _____ DATE OF BIRTH: _____ AGE: _____

PARTICIPANT (4) NAME: _____

GENDER: _____ DATE OF BIRTH: _____ AGE: _____

PARTICIPANT (5) NAME: _____

GENDER: _____ DATE OF BIRTH: _____ AGE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (C) _____ E-MAIL _____

PROGRAM NAME: _____ DATE: _____ FEE: _____ AMOUNT ENCLOSED: _____

PROGRAM NAME: _____ DATE: _____ FEE: _____ AMOUNT ENCLOSED: _____

PROGRAM NAME: _____ DATE: _____ FEE: _____ AMOUNT ENCLOSED: _____

PROGRAM NAME: _____ DATE: _____ FEE: _____ AMOUNT ENCLOSED: _____

PROGRAM NAME: _____ DATE: _____ FEE: _____ AMOUNT ENCLOSED: _____

TOTAL AMOUNT ENCLOSED: _____

WILL YOU BE DRIVING? YES NO

If yes, can you offer other program participants a ride? _____

If no, would you like to carpool with someone else? _____

Participant's Signature: _____ Date: _____

We must have a complete and signed Medical and Liability Release Waiver for each participant prior to the start of each program.

Please mail form with payment to:

Woodbine Ecology Center / P. O. Box 1253 / Littleton, CO 80160 / or fax to 303.380.9889

For deposit and registration information visit www.woodbinecenter.org

For questions call 303.380.7984 or e-mail info@woodbinecenter.org

Woodbine Ecology Center does not discriminate on the basis of race, color, religion, age, sex, sexual orientation, gender expression, ability, or national or ethnic origin. We are an Equal Opportunity/Affirmative Action Employer.

