

# Center For Enrichment Registration Form

## 1. Contact and Personal Information

Name: \_\_\_\_\_  
First Name                      MI                      Last Name

**Returning members with no changes check here and skip to Course Selection.**

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

City, State ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Marital Status: \_\_\_\_\_ Education Level: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Former) Occupation: \_\_\_\_\_

How did you learn of us? \_\_\_\_\_

**Membership required for most classes.**

**Are you a Member? Yes \_\_\_ No \_\_\_**

**\*See section 3 to renew or purchase a new membership**

Please mail or drop off your completed form to:

Center for Enrichment  
 9405 West Howard Avenue, Greenfield, WI 53228  
 Office Hours: M-W 8:30 am-3:00 pm

2. Course Selection	Term	Day	Time	Course Tuition
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>3. Membership</b> \$25.00 Single Membership \$35.00 Couple Membership Renewal ___ New ___ Single ___ Couple ___				\$
<b>Term:</b> _____ <b>Date Prepared:</b> _____ <b>Date Sent:</b> _____	<b>Sub-Total</b>			\$

Waiver: I the undersigned named below do hereby understand that I have registered herein to participate in the aforementioned activity and I further agree to indemnify and hold harmless the Clement Manor CFE, the City of Greenfield, and all employees, officers and agents from and against any and all liability. In addition, I understand that requested programs indicated above, like all activity, has some inherent risk involved. Furthermore, the individuals named herein are in good condition appropriate for the stated activity and that participants must assume full responsibility for injuries incurred while taking part in an activity. No accidental insurance is provided by Clement Manor CFE. I/We have read and agree to the registration and related policies.

X \_\_\_\_\_

Payment Method: (check one) <input type="radio"/> Check - (make checks payable to CFE) <input type="radio"/> Cash <input type="radio"/> Gift Certificate <input type="radio"/> Credit Card (MasterCard & Visa) Exp. Date ___/___ Card# _____ CVV _____ \$2.00 processing fee added to all charges Signature Of Cardholder: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc;"><b>Round-Up donation</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td><b>Coupon</b></td> <td> </td> </tr> <tr> <td><b>Total</b></td> <td> </td> </tr> </table>	<b>Round-Up donation</b>	\$	<b>Coupon</b>		<b>Total</b>	
<b>Round-Up donation</b>	\$						
<b>Coupon</b>							
<b>Total</b>							
CFE Office Use Only: Balance Due _____ Date Rec'd _____ Amt Pd. _____ Check # _____ Initials _____							