

Tae Kwon Do Instruction

Fall 2009 Registration Form

Youth & Family Programs

Participant's Name: _____ DOB/Age: _____

Parent / Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ The College at Brockport F/S/S: _____

E-Mail Address: _____

*Will only be used to provide an e-mail confirmation and program information.

- Check the class you would like to register for:

YOUTH / ADULT CLASSES		
	Session	Day / Time
	Youth- beginning September 1	Tuesday/Thursday ~ 5:30 - 6:30 pm
	Adult - beginning September 1	Tuesday/Thursday ~ 7:30 - 8:30pm
	Youth - beginning October 1	Tuesday/Thursday ~ 5:30-6:30 pm
	Adult - beginning October 1	Tuesday/Thursday ~ 7:30 - 8:30pm
	Youth - beginning November 3	Tuesday/Thursday ~ 5:30-6:30 pm
	Adult - beginning November 3	Tuesday/Thursday ~ 7:30 - 8:30pm
	Youth - beginning December 1	Tuesday/Thursday ~ 5:30-6:30 pm
	Adult - beginning December 1	Tuesday/Thursday ~ 7:30 - 8:30pm

****There will be no practice on major holidays, and/or the week after Christmas****

- Registration Fee (per session):

_____ \$36 per participant (*discount registration fee for college affiliated participants who register in advance with a credit card.)

_____ **\$40 per participant** (standard registration fee – on or before the first scheduled class of the session)

_____ \$45 per participant (**late registration fee – after the first scheduled class of the session)

*This discount applies to The College at Brockport students, faculty and staff (and their immediate families), provided registration is received on or before the first scheduled class and payment is made via credit card.

**This rate applies to all registration forms received after the first scheduled class of the session.

- Payment Information (choose one):

_____ Please charge the Visa, MasterCard or Discover card listed below for \$ _____.

Card Number: _____ Expiration Date: _____

Signature: _____

_____ A check payable to Recreational Services is included with this form.

If paying by credit card, you may mail this form to the address listed below or fax this form to (585) 395-2884.

If paying by check, you may mail this form to the address listed below.

Mailing Address:

The College at Brockport – Recreational Services
Attention: JoLynne Corsi-Miller
350 New Campus Drive
Brockport, NY 14420

