

The Natural Science Center of Greensboro Workshop Registration Form

Membership Information:

Member Name (as it appears on card) _____

Member's relationship to child(ren) _____ Patron ID # _____
(For Staff Use Only)

Class Registration Information:

Parent/Guardian Name _____ Today's Date _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent email Address _____

(Child 1) Name _____ Birthdate _____ Grade _____
(First) (Last)

<u>Class Code</u>	<u>Class Title</u>	<u>Start Date</u>	<u>Start Time</u>	<u>Fee</u>	<u>Subtotal</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Child 2) Name _____ Birthdate _____ Grade _____
(First) (Last)

<u>Class Code</u>	<u>Class Title</u>	<u>Start Date</u>	<u>Start Time</u>	<u>Fee</u>	<u>Subtotal</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Page Total: _____

Payment Method:

Cash Check Am Ex VISA MasterCard

Credit Card Number _____

Name on Credit Card _____ Expiration Date _____

Date Received _____ By _____ Talled _____ Entered on Explorer by _____

Sales Number _____ Date Emailed _____ Initials _____