

RODALE AQUATIC CENTER

FAX/MAIL REGISTRATION FORM

FAX 610-740-3797

Participant's Name: _____ DOB: _____
(If under 18 years of age)

Is the participant a Cedar Crest College Community Member? No Trustee Faculty Staff Student Alumna

The following is required for any registrations submitted by fax or mail:

Parent or Guardian's Name: _____
(if participant is under 18 years of age)

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Level/Class Name	Class Code	Day(s)	Time	Price
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Please List Alternate Class Choices:

_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Processing Fee.....\$20 (one time only) \$ _____

TOTAL \$ _____ *

*** WHEN YOUR REGISTRATION IS RECEIVED AND PROCESSED,
 YOU WILL BE CONTACTED BY PHONE FOR PAYMENT INFORMATION.**

THE REGISTRATION PROCESS WILL BE COMPLETE AND THE STUDENT WILL BE ENROLLED IN CLASS
 WHEN PAYMENT IS RECEIVED.

WE HIGHLY RECOMMEND THAT YOU REGISTER IN PERSON.

Paid By: _____	Initials: _____
Amount: _____	

Office Use Only:			
Participant:	Current	Past	New
Check Waiver:	_____		
Update Exp Info:	_____		