

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.....\$30 (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:	_____		
Info Check:	_____		