

Mailing Address:

2240 Lakeshore Dr.
New Orleans, LA 70122
504 284 7678

**PEOPLE PROGRAM
Fall 2018 MEMBERSHIP FORM**

Campus(es):

West Bank _____
Lakeshore _____

Name _____

Mailing Address _____

City _____ State _____ Zip + 4: _____

Phone (area code) (____) _____ Cell phone (area code) (____) _____

E-mail address _____ *May we list your info above in our membership directory?* _____

New Members Only

Demographics

Birth date _____ / _____ / _____
(Month) (Day) (Year)

Social definitions requested by grantors.

Male _____ African-American _____

Female _____ Asian _____

Single _____ Hispanic/Latino _____

Married _____ Native American _____

Divorced _____ Caucasian _____

Widowed _____ Other _____

Retired from _____

Spouse's name _____

Retired from _____

Emergency Contact Req'd For All Members

Name _____

Relationship _____

Phone (area code) (____) _____

Cell (area code) (____) _____

I heard about People Program from: _____

I could teach: _____

Additional courses I'd like to have offered: _____

Have you signed the liability waiver ("Assumption of Risk")? _____

I give permission to People Program, Inc. to use my image for promotional use.

Signature _____ Date _____

Hurricane Evacuation Plan:

*Do you have an out of town emergency contact person who would know where you are? Yes ___ No _____

*If so, provide name/address: _____

Phone (A/C) (____) _____

FOR OFFICE USE ONLY

Registration Fee: \$200.00 Paid: Check # _____ Cash: _____ Receipt: Y N

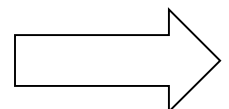
Extra Class Fees: _____ (Class) _____ Date received: _____

Total: _____ Date entered _____ Member Status: ___ New ___ Renewal

REGISTER FOR CLASSES ON THE REVERSE SIDE OF THIS FORM

Revised: 4/12/2018

PEOPLE PROGRAM Fall 2018



Name: _____ Phone: _____

Once you have selected your classes, carefully register each below. Please be sure to record on the correct day of the week, and include the class number, name, and time it meets to insure that you are registered for the intended class on the correct day. You must complete the reverse side of this form in order to register.

REFUND POLICY: In an effort to be fair to all, People Program will refund registration/class fees according to the following calendar:

- 100%--Prior to the beginning of classes**
- 75%--During the first week of classes**
- 50%--During the second week of classes**
- 25%--During the third week of classes**

There will be NO refunds after the third week of class. A \$10.00 processing fee will be charged for all refunds.

MONDAY

Class # M _____	Class Name: _____	Time: _____	Fee: _____
Class # M _____	Class Name: _____	Time: _____	Fee: _____
Class # M _____	Class Name: _____	Time: _____	Fee: _____
Class # M _____	Class Name: _____	Time: _____	Fee: _____

TUESDAY

Class # T _____	Class Name: _____	Time: _____	Fee: _____
Class # T _____	Class Name: _____	Time: _____	Fee: _____
Class # T _____	Class Name: _____	Time: _____	Fee: _____
Class # T _____	Class Name: _____	Time: _____	Fee: _____

WEDNESDAY

Class # W _____	Class Name: _____	Time: _____	Fee: _____
Class # W _____	Class Name: _____	Time: _____	Fee: _____
Class # W _____	Class Name: _____	Time: _____	Fee: _____
Class # W _____	Class Name: _____	Time: _____	Fee: _____

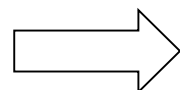
THURSDAY

Class # TH _____	Class Name: _____	Time: _____	Fee: _____
Class # TH _____	Class Name: _____	Time: _____	Fee: _____
Class # TH _____	Class Name: _____	Time: _____	Fee: _____
Class # TH _____	Class Name: _____	Time: _____	Fee: _____

FRIDAY

Class # F _____	Class Name: _____	Time: _____	Fee: _____
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REMEMBER TO COMPLETE REQUIRED INFO ON REVERSE SIDE



FOR YOUR RECORDS...

VERY IMPORTANT: Please read the following carefully as some changes have been made.

REFUND POLICY: In an effort to be fair to all, People Program will refund registration/class fees according to the following calendar:

- 100%--Prior to the beginning of classes
- 75%--During the first week of classes
- 50%--During the second week of classes
- 25%--During the third week of classes

NO REFUNDS WILL BE GIVEN AFTER THE THIRD WEEK OF CLASSES
There will be a \$10.00 processing fee charged for all refunds.

ROLLOVERS: Registration rollovers have been discontinued.

Your Copy: PEOPLE PROGRAM Fall 2018 SCHEDULE

MONDAY

Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____

TUESDAY

Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____

WEDNESDAY

Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____

THURSDAY

Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____
 Class Name: _____ Time: _____ Rm: _____

FRIDAY

Class Name: _____ Time: _____ Rm: _____

CONFIRMATION: You are accepted into the classes for which you registered unless you are contacted and informed otherwise.

Please keep this form for your records.