

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

PEOPLE PROGRAM
Fall 2020 MEMBERSHIP FORM
10 weeks Sept. 14 – Nov. 20, 2020

Registration Fee
\$130.00 for 10 weeks

Name _____

Mailing Address _____

City _____ State _____ Zip + 4: _____

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

E-mail address _____

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 _____

I am 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: _____

FOR ALL MEMBERS

May we list your name, address and phone number in our membership directory? _____

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

I give permission to People Program, Inc. to use my image for promotional use (please sign & date below) and I have read the refund policy information on page 2. Initial here _____

Signature _____ Date _____

****FOR OFFICE USE ONLY****

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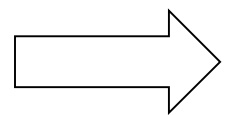
Paid: Check # _____

Credit Card # _____ Exp Date : _____ Sec. Code _____

Total: _____ ****Date entered**** _____ Member Status: ___New ___Renewal

REGISTER FOR CLASSES ON THE REVERSE SIDE OF THIS FORM

Revised: 07/14/2020



PEOPLE PROGRAM Fall 2020

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 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: * (please note, there has been a change of policy) *
Full refund will be issued, less processing fee, if requested by Friday, September 18, 2020.

There will be NO refunds after September 18, 2020. A \$10.00 processing fee will be charged for all refunds. Registration rollovers have been discontinued per our auditors.

MONDAY

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

TUESDAY

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

WEDNESDAY

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

THURSDAY

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

FRIDAY

Class # F _____	Class Name: _____	Time: _____
Class # F _____	Class Name: _____	Time: _____
Class # F _____	Class Name: _____	Time: _____
Class # F _____	Class Name: _____	Time: _____

REFUND POLICY: * (please note, there has been a change of policy) *

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There will be NO refunds after September 18, 2020. A \$10.00 processing fee will be charged for all refunds. Registration rollovers have been discontinued per our auditors.

Your Copy: PEOPLE PROGRAM Fall 2020 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: _____
Class Name: _____ Time: _____ Rm: _____
Class Name: _____ Time: _____ Rm: _____
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.