

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

**PEOPLE PROGRAM
SPRING 2017 MEMBERSHIP FORM**

Campus(es):
West Bank _____
Lakeshore _____

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 _____
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: _____

May we list your contact information (phone & address) in our membership directory? Yes _____ No _____

My Medicare Provider is: Peoples Health, Humana, Other _____

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

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: \$150.00 Paid: Check # _____ Cash: _____ Receipt: Y N _____

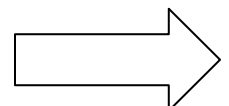
Extra Class Fees: _____ (Class) _____ Date received: _____

Total: _____ Date entered _____ Member Status: ___New ___Renewal

REGISTER FOR CLASSES ON THE REVERSE SIDE OF THIS FORM

Revised: 4/12/2016

PEOPLE PROGRAM Spring 2017



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: _____ |

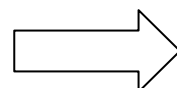
THURSDAY

| | | | |
|------------------|-------------------|-------------|------------|
| 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: _____ |
|-----------------|-------------------|-------------|------------|

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 2016 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.