



Activity Registration Form

Winter/Spring 2019

To register, please complete this form and send to us either via e-mail to mruble@thearcgloucester.net or mail to: The Arc Gloucester, Attn: Brenda Scardefield, 1555 Gateway Blvd, West Deptford, NJ 08096. If you are paying by check, please make check payable to "The Arc Gloucester". You can also pay with a credit card, either include your credit/debit card information below or call us to make payment over the phone (856) 848-8648, ext. 122

This class can be paid for through Supports Program Budgets under Pre-Vocational Services; 10 units per class based on tier level.

SUPPORT COORDINATOR NAME & PHONE NUMBER: _____

Please register the below individual for Activity (Fridays 9:00-11:30 a.m.) - **\$214.40** (8 classes)

NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL: _____

Check # _____ Credit Card: Visa _____ MC _____ Discover _____

CC # _____ Exp. Date: _____ CW2 Code _____

Name on card: _____

I permit The Arc Gloucester to use my name and picture in the form of film/videotape/brochure/newspaper/social media for the purpose of publicizing or promoting this program.

Participant Signature or Caregiver: _____ **Date:** _____

Guardian Signature is not required