

2011 LEISURE STUDY REGISTRATION FORM

Last Name First Name Middle Initial

Address

City State Zip

Telephone Number Alternative Telephone Number or Email Address

I will share a room with _____

Is a first floor room an absolute necessity for you? ___ yes ___ no

CHECK PROGRAM SELECTION

- ____ APRIL 10-15, 2011 / WATERCOLOR WORKSHOPCOST: DO \$425.00 / SO \$495.00
____ MAY 01-06, 2011 / BUTTONS, BEADS AND EMBROIDERYCOST: DO \$425.00 / SO \$495.00
____ MAY 22-27, 2011 / PRIME TIME FELLOWSHIP SPRING FLINGCOST: DO \$350.00 / SO \$420.00
____ SEPT. 18-23, 2011 / WATERCOLOR WORKSHOPCOST: DO \$425.00 / SO \$495.00
____ SEPT. 18-23, 2011 / ORANGE COUNTY GENEALOGY RESEARCHCOST: DO \$405.00 / SO \$475.00

CHECK OCCUPANCY CHOICE AND LIST OCCUPANCY PRICE FROM ABOVE

____ Double Occupancy / \$ _____ Single Occupancy / \$ _____

**IF YOU HAVE A ROOMMATE, PLEASE REGISTER AS A DOUBLE OCCUPANCY.
IF YOU DO NOT HAVE A ROOMMATE, YOU MUST REGISTER AS A SINGLE OCCUPANCY.**

PLEASE RETURN THIS REGISTRATION FORM WITH YOUR FULL PAYMENT. PAYMENT OPTIONS ARE AS FOLLOWS:

1) Make checks payable to The Warwick Center, Inc. OR 2) Credit Card: ___ VISA ___ MASTERCARD

Credit Card Account # _____ / Exp. Date _____

Name as it appears on your credit card

SEND YOUR COMPLETED REGISTRATION FORM WITH FULL PAYMENT TO:

Arlene Tenckinck
PTF / THE WARWICK CENTER
P. O. Box 349
Warwick, NY 10990

**PLEASE FEEL FREE TO MAKE COPIES OF THIS REGISTRATION FORM IF YOU NEED ADDITIONAL
COPIES FOR YOURSELF OR FOR OTHERS.**