



Class Registration Form

Payment due at time of registration

PARTICIPANT INFORMATION

Name: _____ Date: _____
Last First Middle Initial

Address: _____ Apartment / Unit #
Street Address
City State Zip Code

Phone: _____ Email: _____

Are you a Passavant Resident? Yes No

Have you ever participated in a wellness program at Passavant Community before? Yes No

Are you interested in volunteering at Passavant Community? Yes No

Please list any accommodations you might need to fully enjoy ASPIRE®:

CLASS REGISTRATION INFORMATION

Please write clearly and fully complete the classes, day/time and cost of class (if there is one)

Class / Trip Day / Time Cost (including material fee)

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Class Registration Form

To be completed by ASPIRE® Wellness Team

Date Received

Received By

Total Payment Received

Cash / Check #

Membership #

Enrollment Completed By

Added to Roster? Yes No

Waitlist: Yes No N/A