Classes, Tours, Community Events and Camps

Have you registered to receive our E-mail Newsletter?
❑ YES ❑ NO

Would you like to?
❑ YES ❑ NO

★ Please make check payable to (**McLean Community Center**)

★ Staple check for class fees to this form. If faxing form, complete credit card information.

★ Mail, fax or bring form to: McLean Community Center, 1234 Ingleside Avenue, McLean, VA 22101

PHONE: **703-790-0123,** TTY: **711** ★ FAX: **703-556-0547**

★ To register online or to submit an application by E-mail, visit our Web site: **www.mcleancenter.org**

_____ E-MAIL: _____
(Adult or Parent Name) LAST FIRST

_____ HOME PHONE _____
ADDRESS

_____ WORK PHONE _____
CITY STATE ZIP

❑ RESIDENT ❑ NONRESIDENT CELL PHONE *(optional)* _____

COMPLETE ONE LINE FOR EACH REGISTRATION

Activity #	Activity Name	Name of Registrant	Age	DOB *(under 18)*	Sex	Activity Fee	Materials Fee

REGISTRATION BEGINS:
RESIDENTS: **August 17**
NON-RESIDENTS: **August 24**

Senior Discount	
Total Activity Fee	
Tour Supplement	
TOTAL DUE:	

Check here ☐ if **ADA** accommodation is needed.

How did you hear about this class/activity?: _____

❑ MC ❑ AMEX ❑ VISA Credit Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ *Expiration date:* _____

Signature _____ Print Name _____
(as it appears on credit card)

❑ YES, I would like to become a member of Friends of the McLean Community Center. I am enclosing a separate check, for my tax-deductible membership contribution, in the amount of $35 made payable to **Friends of the MCC**.

I have read and agree to participate in the activity/event according to the registration procedures stated on page 56: _____
(Please initial here)

FOR OFFICE USE ONLY

Check # _____ Check Amt. $ _____ Written By: _____ Materials Check # _____ Check Amount $ _____

Check Returned _____ Check Refunded _____ Other Notes _____