

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

PEOPLE PROGRAM
Fall 2019 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: _____

FOR ALL MEMBERS

May we list your name, address and phone number in our membership directory? _____

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

I give permission to People Program, Inc. to use my image for promotional use (please sign & date below) and I have read the refund policy information on page 2. Initial here _____

Signature _____ Date _____

FOR OFFICE USE ONLY

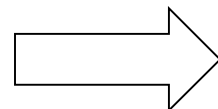
Registration Fee: \$200.00 Paid: Check # _____ Cash: _____ Receipt: Y N

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

Total: _____ Date entered _____ Member Status: ___New ___Renewal

REGISTER FOR CLASSES ON THE REVERSE SIDE OF THIS FORM

Revised: 03/26/2019



PEOPLE PROGRAM Fall 2019

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: * (please note, there has been a change of policy) *

Full refund will be issued, less processing fee, if requested by Friday, Sept. 6, 2019.

There will be NO refunds after Friday, Sept. 6, 2019. A \$10.00 processing fee will be charged for all refunds. Registration rollovers have been discontinued per our auditors.

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: _____

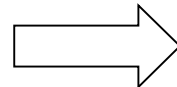
WEDNESDAY

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: _____

REMEMBER TO COMPLETE REQUIRED INFO ON REVERSE SIDE



REFUND POLICY: * (please note, there has been a change of policy) *

Full refund will be issued, less processing fee, if requested by Friday, Sept. 6, 2019.

There will be NO refunds after Friday, Sept. 6, 2019. A \$10.00 processing fee will be charged for all refunds. Registration rollovers have been discontinued per our auditors.

Your Copy: PEOPLE PROGRAM FALL 2019 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: _____

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.