

Mailing Address:

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

PEOPLE PROGRAM
Spring 2021 MEMBERSHIP FORM
12 weeks Mon. Jan. 18 – Fri. Apr. 23, 2021

Registration Fee
\$150.00 for 12 weeks
Email Forms To:
director@peopleprogram.org

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)

Emergency Contact Req'd For All Members
Not req'd for virtual classes

Name _____

Social definitions requested by grantors.

Male _____ African-American _____
Female _____ Asian _____
Single _____ Hispanic/Latino _____
Married _____ Native American _____
Divorced _____ Caucasian _____
Widowed _____ Other _____

Relationship _____

Phone (area code) (____) _____

Cell (area code) (____) _____

I heard about People Program from: _____

I could teach: _____

I am Retired from _____

Spouse's name _____

Retired from _____

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")? ___ N/A ___

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: \$ 150.00 for 12 weeks Paid: Check # _____ \$20 fee for Firing Ceramics _____

Credit Card # _____ Exp Date : _____ Sec. Code _____

Total: _____ **Date entered** _____ Member Status: ___ New ___ Renewal

REGISTER FOR CLASSES ON THE REVERSE SIDE OF THIS FORM



PEOPLE PROGRAM Spring 2021

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 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, January 22, 2021.

There will be NO refunds after January 22, 2021. 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:
Class # M	Class Name:	_____	Time:
Class # M	Class Name:	_____	Time:
Class # M	Class Name:	_____	Time:
Class # M _____	Class Name:	_____	Time:

TUESDAY

Class # T	Class Name:	_____	Time:
Class # T	Class Name:	_____	Time:
Class # T	Class Name:	_____	Time:
Class # T	Class Name:	_____	Time:
Class # T	Class Name:	_____	Time:

WEDNESDAY

Class # W	Class Name:	_____	Time:
Class # W	Class Name:	_____	Time:
Class # W	Class Name:	_____	Time:
Class # W	Class Name:	_____	Time:
Class #_W	Class Name:	_____	Time: _____

THURSDAY

Class # TH	Class Name:	_____	Time:
Class # TH	Class Name:	_____	Time:
Class # TH	Class Name:	_____	Time:
Class # TH	Class Name:	_____	Time:
Class #_TH	Class Name:	_____	Time:

FRIDAY

Class # F	Class Name:	_____	Time:
Class # F	Class Name:	_____	Time:
Class # F	Class Name:	_____	Time:
Class # F	Class Name:	_____	Time:

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Your Copy: PEOPLE PROGRAM Spring 2021 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: _____

FRIDAY

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.