

# Adventure Program Registration Form 2011

Child's name

Child's Olympic College Student ID #/Social Security Number

Date of birth

Gender

Address

City, State, Zip

Day phone

Evening phone

E-mail Address

Item #	Course Title	Start Date(s)	Listed Fee
<p style="text-align: center;"><b>ALL PARTICIPANTS WILL RECEIVE AN ADVENTURE WATER BOTTLE.</b></p>		<b>TOTAL</b>	

RELEASE FORMS, REGISTRATION CONFIRMATION AND SCHEDULE, WILL BE MAILED APPROX. TWO WEEKS PRIOR TO PROGRAM. RELEASE FORMS MUST BE COMPLETED AND RECEIVED BY CONTINUING EDUCATION STAFF PRIOR TO THE START OF YOUR CHILD'S PROGRAM. RELEASE FORMS NOT RECEIVED WILL NEED TO BE COMPLETED BEFORE YOUR CHILD IS ADMITTED. PLEASE PLAN ACCORDINGLY.

IN ORDER TO PROTECT OUR STUDENTS, PLEASE MARK YOUR CALENDAR FOR THE PROGRAM(S) YOU REGISTERED YOUR CHILD FOR, AS OLYMPIC COLLEGE STAFF WILL NOT BE ABLE TO GIVE THIS INFORMATION OVER THE PHONE.

Credit card number

3-digit code

Type of card (VISA or Mastercard)

Exp. date



Mail form, with payment, to:

Olympic College Poulsbo, Attn: Student Services 1600 Chester Avenue, Bremerton, WA 98337 Or call 360.394.2725 or fax form to 360.394.2732