



Class Registration Form

405 North Avenue
 PO Box 530
 East Berlin PA 17316
 717-259-8848
 www.ebacc.org

Class _____
Date _____
Time _____

By Mail

East Berlin Area Community Center
 405 North Avenue
 PO Box 530
 East Berlin PA 17316

By Phone

717-259-8848

By Email

office@ebacc.org

In Person

Monday-Thursday 8am – 8pm
 Friday 8am – 6pm
 Saturday 9am – 1pm

****Class fee must be paid in full by registration deadline****
 Make checks payable to **EBACC -- Please Be Sure to Complete Form Entirely**

Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Municipality/Township _____
Phone _____ Alternate # _____
Age (if under 18) _____ Parent's Name (if under 18) _____
How did you hear about this class? Newsletter Website Friend Merchandis-

In Case of Emergency Contact

Name _____ Relationship _____
Phone# _____ Alternate# _____

Program Cancellation
 Activities may be cancelled due to low registration, instructor, or inclement weather. Contact community center with any questions. Inclement weather cancellations will also be posted on our website, Facebook page, and WGAL8 website.

Refund Policy
 No refunds after one week

The East Berlin Area Community Center activity program and facilities are made available and utilized on the basis of "use at your risk". I hereby assume all possibilities of an accidental injury at my own risk in connection with this program and realize that the East Berlin Borough and the East Berlin Area Community Center DO NOT cover my participation in this program with an accident insurance policy. In the event of an injury, unless negligence on the part of the Borough or the Community Center, I realize that I must use my personal accident insurance coverage, if I have such, for any type of claims involved. Otherwise, any such expenses shall be my responsibility.

 Signature of Participant

 Signature of Parent (if under 18)

 Date

 Date

OFFICE USE ONLY

Date	Amount Paid	Cash/Check/Credit Card	Initials