

General Program Registration Form ~ Unitarian Society of Hartford

Today's date _____
 Name (print) _____ Signature if using credit card _____
 Address _____
 Day Phone _____ Eve Phone _____ Email _____

Please let us know if there are any mobility, hearing, vision, chemical sensitivity, psychiatric, behavioral, allergic (including food allergies or food intolerances) or cognitive considerations which you would like us to be aware of in order to provide a welcoming environment for you.
 _____ I would like to discuss these needs

All Tai Chi and registrants for workshops requiring physical activity must sign below.
I understand that these activities will not require me to exceed my physical capacity, whatever that may be. I take the class at my own risk and will hold neither the instructor nor the Unitarian Society of Hartford responsible for any injury I may sustain.
 Signed _____ Date _____

Program Title / Book	Program date	# Adults	# Children	Fee enclosed
Scholarship donation (optional)				
Total enclosed				
Check ___ (Payable to "USH") Cash ___ Credit Card #: _____ Exp date _____ <small>Circle: MC VISA DISC AM EX</small>				