

HILLSDALE COMMUNITY ASSOCIATION (HCA) PROGRAM REGISTRATION FORM

- **HILLSDALE PROGRAMS ONLY.**

- Fill out **ALL** relevant portions of this form.

- A Community Association **Membership is required** to register for HCA programs. Membership is valid September 1 to August 31.

- A \$15.00 fee will be charged for NSF Cheques and a \$5.00 fee will be charged for refunds requested after registration.

For Office Use Only

Paid By:

Cash _____

Cheque _____ No. _____

Program Details

Program Name _____ Time _____ Program Cost \$ _____

Starting Date _____ Location _____
(day/month/year)

Registrant and Membership Information

HCA Membership # _____

Participant's Name _____
(family) (given name)

Phone # _____

Member Name _____
(family) (given name)

Membership Fee \$ _____

Address _____ Postal Code _____

TOTAL \$ _____

E-mail: _____