

PROGRAM REGISTRATION

PARTICIPANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (PRIMARY) _____ (SECONDARY) _____

EMAIL _____

YES I want to become a Member!

I am a Member through (date) _____

- Yes, I want to join a community of readers & writers. Create, upgrade, or renew my membership today! (Your Membership entitles you to a discount today!)

- \$25 Student \$100-149 Patron
 \$40 Individual \$150-499 Benefactor
 \$65 Household \$500+ Champion

This 30th Anniversary Year we are excited to offer new members:

- \$30 Individual membership
 \$60 Household membership (30 X 2)

Annual Fund

- Yes, I (also) want to contribute to the Annual Fund and support W&B's good work in this community!

- Poet: up to \$99 Publisher: \$500-\$999
 Editor: \$100-\$249 Ampersand Giving Circle
 Novelist: \$250-\$499 \$1,000+

I got this catalog (check one) through the mail

- by picking it up at _____

Youth Only Parent/Guardian Contact Info:

NAME AND RELATIONSHIP _____

PHONE NUMBERS, EMAIL _____

NAME AND RELATIONSHIP _____

PHONE NUMBERS, EMAIL _____

(EMERGENCY) NAME AND RELATIONSHIP _____

PHONE NUMBERS _____

Child's Date of Birth: _____

Allergies (check those that apply and specify nature of reaction)

- Animals _____ Insect Bites _____
 Food _____ Medicine _____
 Hay Fever _____ Other _____

Photo Release/Permission Slip: I give permission for my child to participate in all workshop or day camp activities on and off Writers & Books' property, and for Writers & Books to use any photographs or tapes in which my child appears or any writings or art my child generates in workshops for promotional purposes.

SIGNATURE _____

DATE _____

Each participant needs a separate form.

For additional forms, visit us on the web (www.wab.org)

or call (585) 473-2590 x107.

Registration

1. WORKSHOP # / TITLE _____

START DATE _____ FEE _____

2. WORKSHOP # / TITLE _____

START DATE _____ FEE _____

3. WORKSHOP # / TITLE _____

START DATE _____ FEE _____

4. WORKSHOP # / TITLE _____

START DATE _____ FEE _____

5. WORKSHOP # / TITLE _____

START DATE _____ FEE _____

A. SUBTOTAL TUITION \$ _____

B. MEMBERSHIP FEES (if applicable) \$ _____

C. ANNUAL FUND CONTRIBUTION (if applicable) \$ _____

D. GRAND TOTAL \$ _____

E. **Round Up** \$ _____

F. REFERRED BY _____

Payment Method: Check Enclosed Credit Card

CREDIT CARD # _____

EXP. DATE _____ 3 DIGIT CODE _____

SIGNATURE _____

DATE _____

Round Up

*You now have the option to "round up" your total cost. Your mini donation will directly support Writers & Books programs and services.

Registration: Mail, fax (585-442-9333), or drop off this form to 740 University Ave, Rochester, New York 14607.

You can register for adult workshops online at: www.wab.org
If you have questions, please call (585) 473-2590 x 107.