



JAPANESE CANADIAN
CULTURAL CENTRE
日系文化会館

JCCC CULTURAL CLASS/ WORKSHOP REGISTRATION FORM

クラス・ワークショップ申込用紙

Name: Mr/Mrs/Ms/Dr _____

Address: _____

City: _____ Postal Code: _____

Telephone (Res.): _____ (Bus.): _____

E-mail: _____ @ _____

Signature of parent/guardian if participant is 18 or under: _____

By registering, you accept the conditions laid out in the JCCC Code of Conduct.

If new membership is required, please fill out the form on the reverse side.

Membership #: _____ Expiry Date: _____

Class Attendee Name (if different than above):

Name of Course/Workshop Level Start Date Fee

1. _____ \$ _____

2. _____ \$ _____

Subtotal \$ _____

HST \$ _____

TOTAL \$ _____

Method of Payment

() Cheque, payable to JCCC () Cash () Credit Card Security Code _____

VISA/MC/Amex _____ Expiry Date _____

Signature: _____ Date: _____

Office Use ONLY: Receipt # _____ Date: _____