

Fall 2017 Registration Form



How to Register:

This entitles you to the full day's schedule.

The registration fee is only \$25 per person for the entire session.

Please register and pay as soon as possible to get class of choice.

Lunch must be reserved for the entire session and paid for with registration.

Lunch limited to first 150 to register.

Please Print

Name: _____
Last First Middle Initial

Mailing Address: _____
Number Street

_____ City State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Do you need special assistance during the program? _____

Please mark your first and second choices in each time session by "1" and "2".

	10:00am Classes		11:00am Classes		1:15pm Classes
	Advanced Crochet - limit 10		Current Events - limit 12		A Walk Through the Book of Revelation
	Controversial Topics in Modern Medicine		Holiday Celebrations and Crafts - limit 15		Beginning Line Dancing - limit 25
	Coulda, Woulda, Shoulda: Your Life, Your Future		How to Use Your SmartPhone! - limit 20		Bullet Point Journaling - limit 10
	Getting Started with Genealogy		Intermediate Computers - limit 6		Fantasy Football - limit 14
	Growing in Gardening Knowledge		Intermediate Line Dancing		Let's Play Bunco!
	Keeping Love Alive as Memories Fade		Life Below the Seas - The World of Submarines		Look Good - Feel Better
	Learn to Use Your Apple iPad - limit 9		Photography - Tips, Terms, and Techniques		Tell Me Your Family's Life Story - limit 8
	Tai Chi for Beginners		Sharpfit Brain - limit 20		The History of Lexington County
	TED Talks		Tai Chi for Advanced Beginners - limit 10		

ALL LIMITED CLASSES ARE FILLED ON A FIRST-COME, FIRST SERVED BASIS WHEN THE COMPLETED REGISTRATION FORM AND PAYMENT ARE RECEIVED.

Session Fees:

Session Registration Fee \$25.00 _____

Lunch Fee \$18.00 _____

*** Lunch must be reserved for the entire session and paid for with your registration ***

*** Lunches are limited to the first 150 to register ***

*** Lunches cannot be taken out of the Shepherd's Center ***

Donations:

Donation Amount: \$7.00 \$32.00 \$57.00 \$82.00 Other: \$_____

Donation Note: _____

Total Enclosed: _____

I wish to apply for a scholarship
Amount: \$_____

* For more information on how you can support the Shepherd's Center, please visit www.sclex.com *

Make checks payable to Shepherd's Center of Lexington.
Mail Registration Form to: **Shepherd's Center of Lexington**
309 East Main Street, Lexington, SC 29072

Optional:

Religion: _____
Denomination _____ Your Faith Congregation / Church _____

Photo Release:

Please note that we take many pictures during classes, morning snack and lunch. We would like to be able to use these pictures to help advertise the center. These pictures may be used on Facebook, Website, and Print Media.

I grant to Shepherd's Center of Lexington, its representatives and employees the right to take photographs of me and my property in connection with the classes and events. I authorize Shepherd's Center of Lexington, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Shepherd's Center of Lexington may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature

Date

For Office Use Only:

Date Received: _____

Cash Amount Paid: \$_____ Check Amount Paid: \$_____ Check # _____ Total Paid: \$_____