



**BOYS & GIRLS CLUB**  
OF NORTHERN WESTCHESTER

## MAIL IN REGISTRATION INFORMATION

Please follow the procedure listed below for MAIL-IN REGISTRATION for Swimming and Cultural classes for WINTER, 2011-2012

**REGISTRATION, MEMBERSHIP FORMS & PAYMENT MUST BE RECEIVED NO LATER THAN NOV. 12, 2011.**

*After this date, you must come in person to register. You may register in person beginning on Tues., Nov. 14*

**WINTER SESSION: NOVEMBER 21, 2011 - MARCH 17, 2012**

**MAIL-IN REGISTRATION – (Please Read below before completing form)**

1. Mail In or Walk In Registration Only. (We cannot take telephone or email Registration or changes)
2. Please read the Aquatic Policy (page 7), which contains important information pertaining to the Aquatic Program.
3. All information MUST be completed CLEARLY and in PRINT before registration can be processed.
4. Please be sure to include the correct program name, code number, day and time and class fee.
5. Complete one Membership Form and include \$50 fee per child. **Current membership is required for all ongoing classes and programs unless otherwise noted.** Current membership will expire June 30, 2012.
6. Program fees and membership fees must be included with Registration Form. All fees must be paid in full. Make checks payable to the Boys & Girls Club of Northern Westchester.  
There will be a \$50 service charge for all CHECKS RETURNED by the bank.  
  
Please note we accept credit cards (VISA, MASTERCARD & AMERICAN EXPRESS).  
Please complete the form below if you wish to pay by credit card. **Minimum on credit card is \$35.**
7. All Registrations after Nov. 12, including changes, must be done in person.
  - **Multiple Child Discount** For children in the same family in **Aquatic Lessons only.**  
2nd child 10%; 3rd child 5%.
  - **Call for Swim Testing** - 666-8069, ext. 117.
  - **See page 7 for session information for swim lessons**
  - **General Release must be signed.**

### CREDIT CARD AUTHORIZATION FORM (INCLUDE WITH MAIL-IN REGISTRATION)

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

BILLING ADDRESS (Of Credit Card Holder) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CREDIT CARD TYPE     MC     VISA     AMEX

CREDIT CARD # \_\_\_\_\_ VISA CODE \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

TOTAL DUE \_\_\_\_\_ DATE \_\_\_\_\_

BGCNW IS AUTHORIZED TO CHARGE MY CREDIT CARD ACCOUNT.

AUTHORIZED SIGNATURE \_\_\_\_\_