

Angels At Work Holistic Health Center

MAIL- IN / DROP OFF REGISTRATION

Class or Workshop Information

Completed registration forms including card information or personal check / money order payable to *Angels At Work* can be mailed to or dropped off at: *Angels At Work, 24 West Avenue, Spencerport NY 14559.*

Registration Policy

By registering using this form you acknowledge you are age 18 or over. Registrations must be received by deadline to ensure your participation, and a one week cancellation notice is required to be eligible for a refund. Returned checks will be billed at face value with a \$25.00 surcharge.

I have read and understand Registration Policy terms.

Registration Information

First Name

Last Name

Street Address

City, State, Zip

Contact # (Day)

Contact # (Eve)

Email Address

Event Title

Event Date

Event Fee

Event Deposit

Required? No Yes → \$

Payment Information

Pmt Amount

Full Fee Required Deposit

Pmt Method

Personal Check Money Order
 Credit Card / Debit Card Below

Card Type

Master Card Visa AmEx Discover

Name on Card

Card Number

Expiration

Billing Zip