

American Sign Language (ASL) Classes

The Bob Rumball Canadian Centre of Excellence for the Deaf

FALL 2017 REGISTRATION FORM

Please select you first and second choice class and indicate it in the box below.

	LEVEL	DAYS	TIME
My First Choice			
My Second Choice			

FIRST NAME: _____ **LAST NAME:** _____

ADDRESS: _____ **APT #:** _____

CITY: _____ **PROVINCE/STATE:** _____

POSTAL CODE: _____

HOME TEL: _____ **WORK TEL:** _____

CELL TEL: _____ **FAX:** _____

E-MAIL: _____ **CHECK IF YOU CONSENT TO BEING ON OUR SIGN LANGUAGE SERVICES MAILING LIST: YES NO**

I want to be in the same class as my friend: _____

How did you hear about our Sign Language Program? (For newspaper ads, please include copy)

Library Word of Mouth Sign outside BRCD Internet Called BRCD
 TV Radio Newspaper (name of source): _____
 Bookmark Community Posting Other (please explain): _____

(Confirmation of course selection / registration will not be sent, therefore unless otherwise informed you should proceed to your first choice class. If there is a problem, we will contact you)

I will pay by: Cash Mastercard Money Order Visa

Please make Money Order payable to: BRCCED **I am paying for:** Course only Course & Materials

Complete the following if you are paying by Credit Card:

Card Number: _____ **Expiry Date:** _____

Month Year

Course Fee: \$ _____ **Material Fee:** \$ _____

Total Amount: \$ _____ **Date:** _____

Print Name of Card Holder: _____

Signature of Card Holder: _____

FOR OFFICE USE ONLY

Course Fee \$ _____ Cash Money Order VISA MC

Course Receipt Number: _____ Payment Received : _____

Material Fee \$ _____ Cash Money Order VISA MC

Material Receipt Number: _____ Payment Received : _____

Bring completed form to in-person registration, or drop off or mail in form along with payment:
 BRCD ATTN: Sign Language Services, 2395 Bayview Avenue, North York, Ontario, M2L-1A2
 If paying by Visa/Mastercard, you may fax this form to: 416-449-8881 Attn: Lisa Faria or email lfaria@bobrumball.org