

DATE:					
LOCATION:					
TIME:					
COST: (SUBJECT TO CANCELLATION POLICY BELOW)					
LEADER:					

#	NAME	HOME PHONE	MEMBER	PAID	CHECK
1					
2					
3					
4					
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CANCELLATION/REFUND POLICY:

1. Separate sign-up form required.
2. Cancellations before mm/dd/yy will forfeit a \$25 cancellation fee.
3. Cancellations after mm/dd/yy will lose all unrecoverable expenses, plus a \$50 cancellation fee. It is your responsibility to find a replacement.