PLEASE PRINT. Only one person per form.

**3**

## Enclose your stamped self-addressed, business envelope.

(Last) (First)

# Oasis

259 Monroe Avenue

Rochester, NY 14607

Register online at [www.Oasisnet.org/Rochester-NY](http://www.Oasisnet.org/Rochester-NY) beginning August 20, 2019 at 11 am

**Oasis Registration Form**

Mail to:

|  |  |
| --- | --- |
| Name | *Please do NOT write in shaded areas* **FOR OFFICE USE ONLY***$15.00 fee for returned checks* |
| Street City Zip |
| Email Address • PLEASE KEEP ME ON EMAIL LIST? q Y q N Phone |
| ✓ | Course # | Course Name | Fee | W | Add | Cancel |
|  |  | TAX DEDUCTIBLE DONATION | $ |  |  |  |
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| ***There are no refunds except in cases of class cancellations by Oasis.*** | **Processing Fee (Non-refundable)** | **$7.00** | ***\*PLEASE INCLUDE A SELF- ADDRESSED STAMPED ENVELOPE.*** |
| I would like to pay by credit card: ($10 minimum) q VISA q MasterCard q Discover\*Your card number is no longer on file. | **TOTAL** |  |  |  |

**REGISTER ONLINE AT** [**WWW.OASISNET.ORG/ROCHESTER-NY**](http://WWW.OASISNET.ORG/ROCHESTER-NY) **• BEGINNING AUGUST 20, 2019 AT 11 AM**

Card # Exp. Date Signature Check # Amt. CASH Amt.

**PLEASE SIGN WAIVER OF LIABILITY**

I release and discharge Oasis and all other sponsors, supporters and all agents and persons acting for and on behalf of such entities from all claims or damages, demands or actions whatsoever in any manner related to or growing out of my participation in programs sponsored by Oasis including but not limited to: educational, cultural, volunteer, physical fitness related programs and travel in any form. I attest and verify that I have full knowledge of the risk involved in physical fitness activities and that I have obtained approval from my physician to participate in same. I understand that the Oasis mailing list may be used by Oasis sponsors for educational mailings. I un- derstand that participants in Oasis programs are expected to conduct themselves in a courteous manner, respecting the rights of all other participants, volunteers and staff.

## By (Signature): Date:

Emergency Contact Phone:

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