

Register online at www.Oasisnet.org/Rochester-NY beginning December 17, 2019 at 11 am

Oasis Registration Form

Mail to:

Oasis
 259 Monroe Avenue
 Rochester, NY 14607

PLEASE PRINT. Only one person per form.

Enclose your stamped self-addressed, business envelope.

(Last)

(First)

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Name			<i>Please do NOT write in shaded areas</i> FOR OFFICE USE ONLY <i>\$15.00 fee for returned checks</i>
Street	City	Zip	
Email Address • PLEASE KEEP ME ON EMAIL LIST? <input type="checkbox"/> Y <input type="checkbox"/> N Phone			

✓	Course #	Course Name	Fee	W	Add	Cancel
		TAX DEDUCTIBLE DONATION	\$			

<i>There are no refunds except in cases of class cancellations by Oasis.</i>			<i>*PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE.</i>			
I would like to pay by credit card: (\$10 minimum) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover *Your card number is no longer on file.			TOTAL			

REGISTER ONLINE AT WWW.OASISNET.ORG/ROCHESTER-NY • BEGINNING DECEMBER 17, 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 understand 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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