

Classes without adequate registration by SEPTEMBER 3 will be cancelled.

# WELLSPRING CLASS REGISTRATION FORM

SEPTEMBER 8 – OCTOBER 30, 2009

Are you a current member of Wellspring Wellness Center?     Yes     No

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_      Work Phone \_\_\_\_\_

Email \_\_\_\_\_

*PLEASE FILL IN COMPLETELY*

Class Title \_\_\_\_\_      Class Title \_\_\_\_\_

Day(s) \_\_\_\_\_      Day(s) \_\_\_\_\_

Time \_\_\_\_\_ Cost \_\_\_\_\_      Time \_\_\_\_\_ Cost \_\_\_\_\_

Class Title \_\_\_\_\_      Class Title \_\_\_\_\_

Day(s) \_\_\_\_\_      Day(s) \_\_\_\_\_

Time \_\_\_\_\_ Cost \_\_\_\_\_      Time \_\_\_\_\_ Cost \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

Make checks payable to Sauk Prairie Memorial Hospital or charge to     VISA     Mastercard

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_      Signature \_\_\_\_\_

ENROLLMENT IS LIMITED AND CLASSES FILL QUICKLY. NO CONFIRMATIONS WILL BE SENT. REFUNDS WILL ONLY BE PROVIDED IF THE CLASS YOU REGISTERED FOR IS ALREADY FULL OR DOES NOT MEET MINIMUM ENROLLMENT. COMPLETE THE REGISTRATION FORM AND MAIL WITH PAYMENT TO SAUK PRAIRIE MEMORIAL HOSPITAL, ATTN: LINDA BISHOP, 80 FIRST STREET, PRAIRIE DU SAC, WI 53578.