SCAN Resource & Education Center 2020 Fall Course Registration Form

LAST NAM	1E:	FIRST NAME:				
ADDRESS:						
	TE, ZIP:					
PRIMARY PHONE:			EMAIL:			
SCAN Me An EMAI NO REFU	offering Fall Classes at reduce embership or Renewal is requil L address is REQUIRED to INDS WILL BE OFFERED For Please initial that you have be you do not hold SCAN or the You must register for a	ired to register for Fall Class take online classes and part OR THE FALL SEMESTIPM cleared by your Physicial Instructors liable.	ses. ticipate in vir ER. an to take onli	rual events in order to ne Fitness Classes wit	h SCAN and that	
CODE #	TITLE		DAY	TIME	TUITION	
8	**CIRCLE DATES TO REGISTATION SCAN Membership requirements* **if membership is currents Your change can	Learn Series using Zoom STER September 25 sired for the Fall Semester t, renewal will extend 12 mon n make a BIG char all stay healthy, sta THANK Y	Join or Reports from ren	new—(regularly \$30 dewal date on file TOTAL hers. Every don	or \$20) \$15 L TUITION \$ nation \$25	
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Monmou	For your safety and for ou Mail completed Registra uth Mall, 180 Highway 3	tion & Membership Fo 5 South, Eatontown, N	orm with ch IJ 07724 ~ 7	eck made payable [el: 732.542.1326]	to SCAN: ~ www.scannj.org	
	MasterCard Card #ess on Card				zurity #	
SIGNATURI		DAT		SCAN OFFI Date receive	CE USE ONLY ed: d in SF: d in QB:	