

REGISTRATION FORM

HEART SERIES

INSTRUCTOR: \_\_\_\_\_ START DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE # \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Enclosed with this enrollment form is my check for \$170. I understand that the fee for this class is **non-refundable**. Should the class be cancelled, I understand that my fees will be refunded in full.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

PLEASE REMIT TO:  
EAST BAY COMMUNITY BRIDGE CENTER  
9520 MOUNTAIN BLVD  
OAKLAND CA 94605