



**Bob Rumball Associations for the Deaf
 American Sign Language (ASL) Class
 2008 REGISTRATION FORM
 WINTER 2009**

Please select your preference by marking an X below:
 Level 1: **101** Evenings: **Tuesday Evening(s) 6:00 pm – 9:00 pm**
 Level Two: _____ Evenings: Mon Tues Wed Thurs Saturday (am): _____

Personal Data
 Last Name: _____ First Name: _____
 Street Address: _____
 City / Town: _____ Postal Code: _____
 Home Tel: _____ - _____ - _____ Cell Phone: : _____ - _____ - _____
 Work Tel: _____ - _____ - _____ :Email: _____

I will pay by: Cheque Cash Money Order Visa MasterCard
Please make Cheque / Money Order payable to: B.R.A.D. Course Only Course & Materials

Please take a moment to let us know how you heard about our Sign Language Program:

If paying by Visa or MasterCard, please come to the office to give authorization signature and receive.

Shaded area for office use only:

Course Fee \$ Cheque Cash Money Order Visa MasterCard **Date Received:**
 Material Fee \$ Cheque Cash Money Order Visa MasterCard **Date Received:**
 Receipt #:

**Please drop off during normal business hours at Reception to the Bob Rumball
 Associations for the Deaf OR
 Mail to B.R.A.D. 7801 # 5 Sideroad, Milton ON L9T 2X9 ATTN: Patti Barnes**