



BARRY AND FLORENCE  
FRIEDBERG  
JEWISH COMMUNITY CENTER

# Class Registration

Are you a JCC Member? YES  NO

Participant's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

| Course Name | Department | Day & Time of Class | Class Code | Fee | Member |
|-------------|------------|---------------------|------------|-----|--------|
|             |            |                     |            |     |        |
|             |            |                     |            |     |        |
|             |            |                     |            |     |        |
|             |            |                     |            |     |        |
|             |            |                     |            |     |        |

*Please make checks payable to the Friedberg JCC.*

Total \$ \_\_\_\_\_

For office use only:

Cash  Check # \_\_\_\_\_ Credit Card  Amount \$ \_\_\_\_\_

Date \_\_\_\_\_ Staff Initials \_\_\_\_\_



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Friedberg JCC  
15 Neil Court  
Oceanside, NY 11572  
Phone: 516-766-4341  
Fax: 516-766-0513

## CREDIT CARD AUTHORIZATION FORM

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Card Verification Code (CVC):

\_\_\_\_ 3 Digits - VISA, MASTERCARD, DISCOVER on *Back* of Card

\_\_\_\_ 4 Digits - AMEX on *Front* of Card

Billing Street Address: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

I authorize the card above to be charged in the amount of \$ \_\_\_\_\_

Participant Name(s): \_\_\_\_\_

Program/Service you are paying for: \_\_\_\_\_

\_\_\_\_\_  
Card Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

