Sign-up form

[Your organization]: [program, class or event name]

Please fill in this form and hand it to [name], or scan it and email it to [email address], by [date]. It takes about five minutes. Prefer a computer? Ask [name] for the Word copy or the link to the online form.

About you

Full name

Email address

Phone number

Your choices

Which session would you like? (tick one)

[ ] Morning [ ] Afternoon [ ] Evening [ ] Weekend

When would you like to start? (month, day, year)

Which days can you come? (tick all that apply)

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday

How did you hear about us? (tick one)

[ ] Friend or family [ ] Flyer or poster [ ] Website [ ] Social media [ ] Other

Anything we should know before you start?

Before you send it

Can we email you?

[ ] Yes, you may email me about [program name].

Signature

Date (month, day, year)

Thank you. [Add one line on what happens next, for example: We will email you to confirm your place within a week.]