

TO REGISTER FOR COLLEGE FOR LIVING FALL 2010 CLASSES

Class size may be limited at the discretion of the instructor, but a minimum of 3 participants per class is needed. The class participant is responsible for their own transportation. Colleges for Living classes are opened only to Summit County residents who are eligible for CSBMR/DD services and at least 16 years of age. ***In the event of class cancellation or extraordinary circumstances, vouchers will be issued (no cash refunds will be given). Vouchers will be issued on a case-by-case basis and only with approval from the College for Living Committee. You must contact Christy Rolland, Committee Chair, 24-hours before the class in order to be considered for a voucher.***

I would like to take the following classes (✓ all that apply):

Remember: Each class is \$20 (except as noted).

Class	Course Fee
<input type="checkbox"/> Let's Learn to Paint a Mural	\$20
<input type="checkbox"/> Cleveland Browns Home Opener Tailgate Party* (This class limited to 20 participants)	\$20
<input type="checkbox"/> Crooked River All Nation Powwow	\$20
<input type="checkbox"/> Rubber City Roller Girls*	\$20
<input type="checkbox"/> Corn Maze and Towpath*	\$20
<input type="checkbox"/> Scrapbooking and Dinner*	\$20
<input type="checkbox"/> Bowling*	\$20
<input type="checkbox"/> A Taste of International Flavor* (This class limited to 12 participants)	\$20
<input type="checkbox"/> Dinner and a Movie*	\$20
<input type="checkbox"/> From Art to Artist*	\$20
<input type="checkbox"/> Line-Dancing Fun*	\$20
<input type="checkbox"/> Fall Crafts*	\$20

TOTAL AMOUNT ENCLOSED: _____

** Please inform instructors of any dietary restrictions before the first class.*

Participant's Name: _____

Street Address: _____

City/Zip Code: _____

Home Phone: _____

Allergies: _____

Supervision Level: _____

Medical Concerns/Behaviors: _____

Participant uses a walker or wheelchair (check all that apply).

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Class Participant's Signature

Guardian's Signature (if applicable)

Mail this completed form along with your check or money order (**MADE PAYABLE TO BLICK CLINIC**) for the registered classes to:

**COLLEGE FOR LIVING
BLICKCLINIC, 640 WEST MARKET STREET, AKRON, OHIO 44303-1465**

Deadline to register for classes is September 1, 2010

For more information, call Christy Rolland at 330-762-5425 or email her at christy.rolland@blickclinic.org