Instructor Course Activity Registration Form

Complete One Form Per Company

Today's Date _____

Company Name: _____

E-Mail: _____

Mailing Address: _____

Street City/Town State Zip

Daytime Phone # _____ Evening Phone #_____

****Please refer to the program specific flier or our website PRIOR to registering****

Participant's Name	Date of Birth	Sex M/F	Course Name	Dates	Class Description	Fee
E-mail Address of above Participant:			Phone Number of the above Participant:			
E-mail Address of above Participant:			Phone Number of the above Participant:			

Housing Needs: Per participant Single w/bedding $45/night; Single w/out bedding $35/night

Number of nights: _____ Dates of overnight stay: _____

Bedding Request (circle one**): W/ bedding** : **W/out bedding**

Payment: Must be paid in full at time of registration.

- ☐ Payment Enclosed
- ☐ Call me for credit card over the phone payment

Person to call: _____

Phone Number: _____

Best time of day to call: _____

Cancellation Policy:

Course Fee: 50% refund at any time prior to the start of class; No refunds once the class beings

Housing Fee: 100% refund 3 days prior to the start; No refunds once the class begins

Please submit completed registration forms to Jennifer Pageot:

Jennifer.pageot@maine.edu OR UMF FRC attn: Jennifer Pageot 152 Quebec St. Farmington ME 04938