

ACTIVITY REGISTRATION FORM

Name(s) _____

Adults _____ Phone (home) _____

Children/Ages _____ Phone (work) _____

Address _____

City/State/Zip _____

Please register me for

Activity	Session	Date(s)	Number of Adults/Children	Price
_____	/	_____	_____	_____
_____	/	_____	_____	_____
_____	/	_____	_____	_____
_____	/	_____	_____	_____

Total amount of payment enclosed (check payable to University of Hawai'i): _____

If paying by credit card

Credit card # _____ ☐ JCB ☐ Visa ☐ Mastercard

Expiration date: _____ Last three digits of security code on back of card: _____

I am a FOWA Member ☐ Yes ☐ No

Source: www.KaimukiHawaii.com