

PLEASE SEND IN PAYMENT WITH REGISTRATION FORM

**AQUATIC WELLNESS**

Name: \_\_\_\_\_

Cost: **\$10.00 EACH** Total Amount: \$ \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO College Association

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PLEASE SEND IN PAYMENT WITH REGISTRATION FORM

**MAH JONGG**

Name: \_\_\_\_\_

Cost: **\$8.00 EACH** Total Amount: \$ \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO Gloria Schaeffer

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PLEASE SEND IN PAYMENT WITH REGISTRATION FORM

**PICKLEBALL**

Name: \_\_\_\_\_

Cost: **\$20.00 EACH** Total Amount: \$ \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO College Association

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**STAY YOUNG / STRONG BONES**

Name: \_\_\_\_\_

Cost: **\$20.00 EACH** Total Amount: \$ \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO Parkway Center