

A CUSTOMER INFORMATION

Last Name		First Name			M.I.
Address				Apt. #	
City			State	Zip	

To be processed all orders must include a phone number.

Primary Phone		Alternate Phone		
Fax		E-Mail		

IF CLASS REGISTRANT IS UNDER 18, THIS INFORMATION IS REQUIRED Please use a separate form for each child.

Child's Last Name	Child's First Name	Child's Birth Date	Emergency Phone
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B CLASSES, WORKSHOPS & TOURS We encourage you to list alternate selections in the ALT lines.

	Program Code	Program Title	Day	Start Date	Time	Qty.	Unit Price	TOTAL
1								
2								
3								
4								
ALT								
ALT								

PROCESSING FEES* If the total amount of your Registration purchase is:

Up to	\$75	your fee is	\$5
From	\$75.01 - \$150	your fee is	\$10
From	\$150.01 - \$200	your fee is	\$15
From	\$200.01 - \$300	your fee is	\$20
	\$300 and above	your fee is	\$25

REGISTRATION SUBTOTAL	\$
PROCESSING FEES*	\$
TOTAL FOR SECTION B	\$

C TICKETS

	Program Code	Program Title	Day	Start Date	Time	Qty.	Unit Price	TOTAL
1	T							
2	T							
3	T							
4	T							
5	T							
6	T							

SERVICE CHARGE**

\$3 per ticket/subscription on all events
(all catalog codes with a prefix of T)

TICKET SUBTOTAL	\$
SERVICE CHARGE**	\$
TOTAL FOR SECTION C	\$

D PAYMENT

Enclosed is my check for \$ _____ payable to the 92nd Street Y.

Please charge to: Visa MasterCard American Express

Card #
Expiration Date <small>required</small>
Name On Card
Signature <small>required</small>

FRIENDS OF THE Y CONTRIBUTION***

Your support is needed to help defray the real cost of Y programs.

CONTRIBUTION***	\$
GRAND TOTAL	\$



E SEND THIS FORM TO: 92nd Street Y | 1395 Lexington Avenue | New York, NY 10128
Tickets and Information 212.415.5500 | Fax 212.415.5788

An agency of UJA-Federation

FOR OFFICE USE ONLY

Init	Date	CC	CK	OT	
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