

Activity Registration Form

»» NAME(S)

Adults _____ Phone (home) _____
Children/Ages _____ Phone (work) _____
Address _____
City/State/Zip _____ Email _____

»» 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