

# 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