

REGISTRATION FORM

Please complete one form per attendee. In order to secure your reservation, these must be received 1 week prior to the class or event.

Clients Only (Staff see below):

Client Last Name _____

Client First Name _____

Address _____

City _____ Zip _____

Phone Number _____

Email Address _____

If you have any special food requirements, allergies, wheelchair accommodations, special arrangements please list here _____

If you are attending an event with a PACC HAB Staff, please coordinate that with your HAB Staff ahead of time. You are responsible for making a schedule with your HAB Staff for each event.

Staff Registrations:

If clients are coming with another agency, please indicate:

Agency Name _____

Staff Name _____

Group Home Street Address _____

Staff Phone # _____

Class/Event Name	Class/Event ID#	PACC HAB Name

Please sign below if you do not want your image in any form of published media.



Please make check payable to:

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