

## 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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