



## REGISTRATION: SIX EASY WAYS

### 1. MAIL-IN

Send completed form (or facsimile) with check made payable to SELREC and mail to: SELREC, 4843 Mayfield Road, Lyndhurst, OH 44124-2506. The cancelled check is your receipt. **No notification unless a class is cancelled.** If you do not hear from us, attend the first class as scheduled. Registrations accepted after March 15.



### 2. PHONE-IN(DAYTIME)

For CREDIT CARDS - call (216) 691-2246 and have your Visa, MC or Discover card numbers ready, 8:30 am-4:30 pm, MON-FRI. Registrations accepted after March 15th.



### 3. PHONE-IN(EVENING)

For CREDIT CARDS - call (216) 691-2246 and have your Visa, MC or Discover card numbers ready, before 8:30 am & after 4:30 pm, MON-FRI and 24 hours a day on the weekends. Leave your name, address, Daytime and Home phone #'s, Class name and #, Credit Card number and expiration date as well as your name as it appears on your card. Our voice mail is locked: only SELREC Staff have access to the voice mail.



### 4. IN PERSON

Register in person from 8:30 am-4:30 pm MON-FRI at 4843 Mayfield Road, Lyndhurst. Parking in the Upper Parking Lot of Brush High School off Daytona Drive, as there is no driveway off Mayfield. Watch for the SELREC Parking Signs located on the rear and side of the SELREC Office Building.

### 5. DROP-IN SLOT

Our Drop-in slot is located in the back door of the SELREC Office Building. Simply drop the registration form and payment any time of the day or night. **DO NOT DROP OFF CASH!**



### 6. FAX-IN

Fax your completed registration form 24 hrs. a day, 7 days/week to (216) 691-3491. Remember to enter your Visa, MC, or Discover credit card # and expiration date on the form.

## SELREC REGISTRATION FORM

4843 Mayfield Rd., Lyndhurst, OH 44124-2506, (216) 691-2246, Fax (216) 691-3491

Name \_\_\_\_\_ Home Ph# \_\_\_\_\_ Work Ph# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ T-shirt Size \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Course# \_\_\_\_\_ Course \_\_\_\_\_ Fee: \_\_\_\_\_  
 Course# \_\_\_\_\_ Course \_\_\_\_\_ Fee: \_\_\_\_\_  
 Check# \_\_\_\_\_ Cash Rct# \_\_\_\_\_ Credit Card# \_\_\_\_\_ Exp. \_\_\_\_\_

SELREC Scholarship Fund Donation: \_\_\_\_\_ Signature \_\_\_\_\_

**Waiver:** Participation in program activities can be dangerous, and if you do participate, you can get hurt. By signing this registration form, you agree to assume the risk of injury if you participate in program activities, and you agree to give up your right to make any claims for money damages against SELREC, the cities of South Euclid and/or Lyndhurst, and/or the South Euclid-Lyndhurst Board of Education if you are hurt while participating in a program activity.

## SELREC REGISTRATION FORM

4843 Mayfield Rd., Lyndhurst, OH 44124-2506, (216) 691-2246, Fax (216) 691-3491

Name \_\_\_\_\_ Home Ph# \_\_\_\_\_ Work Ph# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ T-shirt Size \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Course# \_\_\_\_\_ Course \_\_\_\_\_ Fee: \_\_\_\_\_  
 Course# \_\_\_\_\_ Course \_\_\_\_\_ Fee: \_\_\_\_\_  
 Check# \_\_\_\_\_ Cash Rct# \_\_\_\_\_ Credit Card# \_\_\_\_\_ Exp. \_\_\_\_\_

SELREC Scholarship Fund Donation: \_\_\_\_\_ Signature \_\_\_\_\_

**Waiver:** Participation in program activities can be dangerous, and if you do participate, you can get hurt. By signing this registration form, you agree to assume the risk of injury if you participate in program activities, and you agree to give up your right to make any claims for money damages against SELREC, the cities of South Euclid and/or Lyndhurst, and/or the South Euclid-Lyndhurst Board of Education if you are hurt while participating in a program activity.