



# SWESA PROGRAM REGISTRATION

First Name		Last Name	
Home Phone		Cell Phone	
Member #		Date	
Email			
Payment Method	Cheques payable to SWESA		

	Program Name	Date	Cost	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
		Total:		