

DeKoven Center Program Registration

Name _____

Address _____

City, Zip _____

Phone (D) _____ (N) _____

E-mail address: _____

Please indicate the program or service you would like to register for

- Creative Space Date: _____
- Other: _____ Date: _____
- Other: _____ Date: _____

Add my name to the DeKoven Center mailing list

I am interested in:

- Retreats/Spiritual Programs Aquatic Programs
- Artistic/Creative Programs Exercise Programs
- Special Events Facility Rental
- Other _____

Payment information

- Visa
- MC # _____ Exp. date _____
- Check enclosed Amount: \$ _____

As a consideration for being permitted to participate in activities sponsored by the DeKoven Center, and/or using equipment or property of said establishment, each such participant and user agrees to assume all liability for injury and/or damage resulting from such participation or use and further agrees to hold the DeKoven Center free and harmless on account of any act of omission, commission or negligence on the part of the DeKoven Center or any of their officers, agents, or employees.

SIGNATURE: _____

Please detach and mail this form with the appropriate deposit or fee to:
The DeKoven Center, 600 - 21st St. Racine, WI 53403
info@dekovencenter.org
(262) 633-6401