

## 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*

- Program Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Program Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Add my name to the DeKoven Center mailing list

*I am interested in:*

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