



Active Choices Workshop Registration Form

Provider: _____

Class Leader #1: _____

Class Leader #2: _____

Cost (if applicable): _____ Max Participants: _____

Language: _____

Public Notes (to be displayed on website): _____

Registration Contact:

First Name: _____ Last Name: _____

Email: _____

Phone #: _____

Location:

____ In-Person

Name of Location: _____

Facility Type: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

____ Online

Online Class Link: _____

Can participants call in to this class? _____

Call-In Phone #: _____

6 Month Session Schedule: (Total of 14 Sessions)

Workshop Start Date _____

What days will the class meet? ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat

What time will the class meet? _____

How long will each class last? _____ Hours

Session Breakdown

Weeks 1-8: Meet Once Per Week

Session 1 _____

Session 2 _____

Session 3 _____

Session 4 _____

Session 5 _____

Session 6 _____

Session 7 _____

Session 8 _____

Weeks 9-16: Meet Every Other Week

Session 9 _____

Session 10 _____

Session 11 _____

Session 12 _____

Weeks 16-24: Meet Once Per Month

Session 13 _____

Session 14 _____

Participant Enrollment

_____ The workshop is open for enrollment and can be displayed as open on the website.

_____ This is a closed workshop; a participant has already been registered for this date/time.

Once the participant completes the participant registration packet send to Joan Fox at AgeOptions: joan.fox@ageoptions.org