

kidpower

kidpower ● teenpower ● fullpower ● california

To register: Please print this page and send via mail to Kidpower, P.O. Box 1212, Santa Cruz, CA 95061, or via fax to (831) 426-4480 with the following information. Checks should be made out to Kidpower. To use Visa, MasterCard, Discover or American Express, please fill out the credit card information and sign below.

We limit our workshop size and we must have your payment in order to reserve your spot.

Workshop Name _____

Date _____ City _____

Your name _____

Child's name (if applicable) _____

Child's date of birth (MM/DD/YYYY) _____

Your address _____

City _____ State _____ Zip _____

Email _____

How did you hear about Kidpower? _____

Telephone: Home _____ Work _____ Fax _____

Enclosed is my **check** of \$_____ for my workshop fee made out to Kidpower and \$_____ for my tax-deductible donation to help provide a scholarship for a student in need.

I would like to **charge** \$_____ for a workshop fee and \$_____ for a donation.

Please charge my (circle one): Visa MasterCard Discover American Express

Card # _____ Exp. Date _____

CW2 Code (3 or 4 digit security code) _____

Signature _____

Signature required for all credit card transactions

OFFICE USE ONLY

- Confirmation _____
- Check _____
- Charge _____
- Waiver _____