

Early Class Registration • Summer 2017

Office Use Only: Date Entered _____ By _____ Receipt: __Email __Mail __OASIS __None

Please use one form per person.

Name _____
 (Please print clearly) (Last Name) (First Name) (MI)

Address _____ City _____ State _____ Zip _____

Phone Number _____ Cell Phone _____

Email Address _____

Write fee for each requested class in shaded "Fee" column.

Class #	Class Title	\$	Fee
Exercise Classes			
104	Total Body Workout	180	
110	Qi Gong and Tai Chi Easy	80	
203	No Bones About It (A)	110	
206	Gentle Yoga	120	
401	No Bones About It (B)	120	
403	Cardio Dance	120	
501	Cardio & Strength Training	110	
505	Build Better Balance (time of class changed to 11:45-12:45)	96	
Discussion Groups			
101	Men's Discussion (A)	20	
102	Upcounty Men's Discussion	10	
200	Men/Women Discussion (C)	20	
201	Men/Women Discussion (A)	20	
300	Men/Women Discussion (B)	20	
400	Men's Discussion (B)	20	
402	Women's Discussion (A)	15	
500	Bethesda Men's Discussion	10	
503	Current Events	15	
Spanish Classes			
207	Advanced Beginner Spanish I (Tuesday, 11:30, North Potomac Senior Center)	150	
208	Advanced Beginner Spanish II (Tuesday, 1:00, North Potomac Senior Center)	150	
210	Beginner Spanish (continuing) (Tuesday, 2:15, North Potomac Senior Center)	150	

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Class #	Class Title	\$	Fee
Spanish Classes (continued)			
303	Intermediate Spanish II (Wednesday, 12:30, Oasis)	150	
306	Intermediate Spanish I (A) (Wednesday, 1:45, Oasis)	150	
307	Intermediate Spanish I (B) (Wednesday, 3:00, Oasis)	150	
Bridge			
113	Advanced Beginner Bridge	120	

Total Class Fees	
Processing Fee*	\$15
Tax-deductible Gift	
Subtotal	
Less Credit	
Total Amount Due	
*Required for class registration each trimester except for free classes, After Hours classes and classes at Johns Hopkins University and White Oak Community Center.	

There are no refunds unless Oasis cancels a class.

See full policy on page 3 of the Oasis Catalog.

Mail registrations to : Oasis, c/o Macy's Home Store
7125 Democracy Blvd
Bethesda, MD 20817

Enclosed is my check payable to Oasis Cash

Please charge my credit card: VISA MasterCard Discover

Card #: _____ Exp. Date: _____

Signature: _____

Office Use Only: Cash \$ _____ Check \$ _____ Check # _____ Credit Card _____

WAIVER OF LIABILITY

I, for myself and my executors, administrators and assignees do hereby release and discharge Oasis and Macy's Inc. and all other sponsors, supporters, and all agents and persons acting for and on behalf of such entities from all claims or damages, demands or actions whatsoever in any manner related to or growing out of my participation in programs sponsored by Oasis and/or Macy's Inc. including but not limited to: educational, cultural, volunteer, physical-fitness-related-programs and travel in any form. I attest and verify that I have full knowledge of the risk involved in physical fitness activities and that I have obtained approval from my physician to participate in same. I understand that all program fees are non-refundable except as provided in the Oasis refund policy. I give permission for The Oasis Institute to photograph or videotape me and to use my name, and image in Oasis materials and publicity. I authorize the use of my name and image in publications produced by The Oasis Institute's partners and by the media. I agree to be photographed or videotaped by the media for general publication.

Signature: _____  Date: _____

Emergency Contact: _____ Relationship: _____ Phone#: _____