



## South Lake Hospital Community Education Class Registration/ Payment

### CLASS REGISTRATION

Class(es)	Date(s)	Time(s)	Fee	Location	What is your job title and where do you work?

**NAME(s):** (Please Print) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBERS:** Day: \_\_\_\_\_  
 Evening/Cell: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

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**\* PAYMENT**    Cash    Check (Make Checks Payable to: **South Lake Hospital**)  
                   Charge        VISA        MC        AMEX        DISCOVER

**Name on Card:** \_\_\_\_\_ **Amount Total:** \_\_\_\_\_

**Billing Address:** (Please include City, State, Zip) \_\_\_\_\_ Same as above

**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**CVV Code:** (3 numbers on the back of your card) \_\_\_\_\_

**Registration is confirmed upon receipt of payment. Payment is non-refundable.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail registration form with payment to:  
 South Lake Hospital  
 Community Relations Department  
 1900 Don Wickham Drive, Clermont, FL 34711

**OR**

Payment can be made in person  
 at South Lake Hospital Human  
 Resources Desk in the LiveWell Fitness Center  
 1935 Don Wickham Drive, Clermont, FL 34711

**\*\* South Lake Hospital reserves the right to cancel a program when necessary. Participants will be notified by telephone.**