

Registering for a Flat Rock Brook Program

Registration is required for all programs unless otherwise stated. To register please print and complete the form below and mail it along with your payment to:

Flat Rock Brook Nature Association, 443 Van Nostrand Avenue, Englewood, NJ 07631

All registration is by mail and on a first come, first served basis. You are not registered until payment has been received. In the event of cancellation, your payment will be refunded only if we are notified at least 5 business days before the scheduled program. Fees are per person. Programs meet at the Nature Center building, unless stated otherwise. Please be aware of age requirements for participation in a program. For additional information, please call 201 567-1265.

Note: Please do not use this form to register for Nature Program Cooperative Programs (NPC) unless the program will be held at Flat Rock Brook. Instead, please call the organization offering the program at the number provided in program listings.

Flat Rock Brook Program Registration Form

To register for a program fill out the registration form and mail it with your payment to the **Flat Rock Brook Nature Assn., 443 Van Nostrand Avenue, Englewood, NJ 07631**. All fees are per person.

Name _____ Daytime Phone _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Member Yes No (circle one)

Name of Program	Date	# Attending	Cost/Person	Amount Due

I would like to become a member of Flat Rock Brook and receive discounts on programs, invitations to members only events, and Flat Rock Brook's quarterly newsletter.

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|----------------|------|------------------------------|----------------------------------|
| ___ Family | \$45 | Sustaining | \$75 |
| ___ Individual | \$30 | Sponsor | \$150 |
| ___ Senior | \$20 | Life | \$1,500 |
| ___ Student | \$15 | | |
| ___ Group | \$50 | New <input type="checkbox"/> | Renewal <input type="checkbox"/> |

My check for \$_____ is enclosed. **Total Programs \$_____**
Please charge my credit card: **Membership \$_____**
Visa Master Card Discover **Amount Due \$_____**
Card # _____ Exp. _____
Signature (required) _____