

# **Bodhi School 2009-2010 Registration Form**

Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Age Group (Please circle one):            4-5      6-7      8-9      10-11      12-14

**Parent/Guardian Name(s):**

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Name:**

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's School: \_\_\_\_\_

Has your child been in Bodhi School before? (Circle one) Yes No If so, for how many years?

Does your child have a sibling in Bodhi School? Name: \_\_\_\_\_

## **Volunteer Opportunities**

Would you like to volunteer with Bodhi School this year?

\_\_\_\_ yes    \_\_\_\_ no

**Payment Options (Please check one):**

\_\_\_\_\_ **Check for: Non members: \$170 (\$145 + \$25 materials fee); Members: \$145 (\$120 plus \$25 materials fee) is enclosed. Please make checks payable to BSMC.**

\_\_\_\_\_ **I paid on-line ([www.boulder.shambhala.org](http://www.boulder.shambhala.org)) with Paypal.**

\_\_\_\_\_ **Please charge my credit card:**

MC/VISA #: \_\_\_\_\_

Exp. date: \_\_\_\_\_ Last 3 digits on back of card: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Billing address (if different): \_\_\_\_\_

**If you need to make financial arrangements, please contact Donna West at (303) 444-0190 x102 or [donna@boulder.shambhala.org](mailto:donna@boulder.shambhala.org).**