



YMCA of
Greater Cincinnati

Management Modules
2008 Training Registration Form
(Please Print)

Name _____ Sex _____ SS# _____

Birth Date _____ Home Phone _____ Work Phone _____

Home Address _____ City, State & Zip _____

YMCA Association and Branch Name _____

Supervisor's Name _____ Title _____

Emergency Contact _____ Phone# _____

Please select the classes you will be attending:

Problem Solving and Decision Making.....\$125.00

Volunteerism: Living the Legacy (includes manual and kit).....\$155.00

Fiscal Management and Budgeting.....\$180.00

Total Fees.....\$ _____

If you are in the YMCA of Greater Cincinnati association, be sure to include your JV#, so you will be registered without delay. JV# _____

Participant's Signature _____ Date _____

Executive Director/Supervisor's Signature _____ Date _____

Mail registration form, proof of prerequisites and payment to:

YMCA of Greater Cincinnati
Attn: Sue Klosterman
2495 Langdon Farm Rd.
Cincinnati, OH 45237
sklosterman@cincinnatiymca.org
Phone: 513-362-2061
FAX: 513-351-3555