

# Community Education Registration Form

Name (First/last) \_\_\_\_\_ Male  Female  Birth date \_\_\_\_\_  
 If minor, guardian name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_  
 E-mail address \_\_\_\_\_ (used for confirmations)  
 Special needs/additional information \_\_\_\_\_  
 T-shirt size (if applicable) (circle one): Youth: small med large Adult: small med large X-large

For additional registrations use another form or an additional piece of paper. Send with payment to:  
 Community Education  
 4707 North Road  
 Circle Pines, MN 55014;  
 drop in 24 hour box at district office/door B2;  
 fax to 763-792-6113.

Register online at [www.isd12.org](http://www.isd12.org)

Make separate checks for each class payable to District 12.  
 Register one week prior to class.

Financial assistance available.

Questions? Call 763-792-6100.

Activity name	Activity #	Time	Fee
Discounts: Financial assistance (application on file) -\$25 UCare member ID# _____ -\$15			
Method of payment:			<b>Total fee</b>

Check (payable to District 12)

Cash

Credit card (complete below):

MasterCard  VISA  Discover

Name on card (print) \_\_\_\_\_

Account # \_\_\_\_\_ Exp date \_\_\_\_\_

OFFICE

USE

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