

COMMUNITY EDUCATION

Adult Registration

Name _____

Daytime Phone _____ Home Phone _____

Address _____ City _____

Class or Activity: _____

Date of Class or Activity: _____

Registration Fee: _____

You will not receive a confirmation. We will contact you if the class is canceled or if there is a change in location, times, etc.

No news is good news!!!!

Send form, along with fee, to Chatfield Community Education, 11555 Hillside Dr., Chatfield, MN 55923

