

ADULT REGISTRATION FORM

Please make checks payable to:
Friendswood Community Education
302 Laurel Drive, Friendswood, TX 77546

Office Use Only:
Check _____
Cash _____

*** Required Fields**

*Name _____ *Phone _____
Home Business

*Address _____ *City _____ *Zip _____

*Course Code: _____ * Course Name: _____ Fee \$ _____

*Course Code: _____ * Course Name: _____ Fee \$ _____

*Course Code: _____ * Course Name: _____ Fee \$ _____

Age (Circle Group): 13-17 18-21 22-35 36-64 65-75 76+

LIABILITY RELEASE: I hereby release Friendswood ISD, its agents, employees, independent contractors and volunteers from all responsibility in case of illness, injury, accident, or other loss.
I understand I will be notified only if a class is full or canceled.

*Signature _____ Date _____ *E-mail _____

ADULT REGISTRATION FORM

Please make checks payable to:
Friendswood Community Education
302 Laurel Drive, Friendswood, TX 77546

Office Use Only:
Check _____
Cash _____

*** Required Fields**

*Name _____ *Phone _____
Home Business

*Address _____ *City _____ *Zip _____

*Course Code: _____ * Course Name: _____ Fee \$ _____

*Course Code: _____ * Course Name: _____ Fee \$ _____

*Course Code: _____ * Course Name: _____ Fee \$ _____

Age (Circle Group): 13-17 18-21 22-35 36-64 65-75 76+

LIABILITY RELEASE: I hereby release Friendswood ISD, its agents, employees, independent contractors and volunteers from all responsibility in case of illness, injury, accident, or other loss.
I understand I will be notified only if a class is full or canceled.

*Signature _____ Date _____ *E-mail _____