



ONLINE

Visit sowashco.ce.eleyo.com and view our course offerings



FAX

Fax this registration form to 651-425-6620



MAIL

Mail or drop-off your registration. Office Hours: 7:30-4:00 p.m. Drop box to the left of the main doors



QUESTIONS?

Call 651-425-6600 or email us at CommunityEducation@sowashco.org



COMMUNITY EDUCATION REGISTRATION FORM

District Program Center, 8400 E. Point Douglas Road S., Cottage Grove, MN 55016-3324

Phone: 651-425-6600 | Fax: 651-425-6620 | Email: CommunityEducation@sowashco.org | Website: commed.sowashco.org

Please complete a separate form for each participant with a different last name or address. Forms can be printed at commed.sowashco.org

Participant's Name _____ Birth date _____
First Name Last Name

Address _____ Apt/Unit# _____ Home Phone (____) _____

City _____ State _____ Zip _____ Work or Cell (____) _____

E-mail _____

YOUTH REGISTRATION

Mother/Guardian _____ Work or Cell (____) _____

Father/Guardian _____ Work or Cell (____) _____

Grade in 23/23 _____ Special Needs* _____
Shirt Size Instrument (if included) (if required):

* Individuals with special needs are welcome to register for our classes and camps. Please note on your registration any needs your child may have or call 651-425-6600 if your child needs assistance to participate successfully and allow at least a two week notice for us to make assistance arrangements.

COURSE #	COURSE TITLE	CLASS DATE	CLASS FEE	DISCOUNT	FINAL FEE

MAKE CHECKS PAYABLE TO DISTRICT 833 COMMUNITY EDUCATION TOTAL: \$

• **Swimming** - Please list your first two choices in order of preference. You will receive a confirmations email.

Charge my:

_____ - _____ - _____ - _____

Exp. Date: _____ Signature _____
 Print Name _____

FOR OFFICE USE ONLY

DATE: _____ AMOUNT PAID: _____

MAIL _____ WALK-IN _____ FAX _____

CHECK # _____ CASH RECEIPT # _____