

REGISTER EARLY!

Registrations for each are reviewed one week prior to start date. If the minimum registration is not met, the class may be cancelled.



Churchville-Chili Continuing Education

Name (Circle one – Parent/Guardian/Self).....

Street Address City Zip.....

Home Phone Cell Phone Email

Golden Saints Member # (if applicable)

Make check(s) payable to: Churchville-Chili Continuing Education
 Mail to: Churchville-Chili Continuing Education Office, 139 Fairbanks Road, Churchville, NY 14428

Participant	Course	Course Code	Fee (add \$3 for non-resident)
1	-	-	-
2	-	-	-
3	-	-	-
4	-	-	-
5	-	-	-
6	-	-	-

Total Fee: \$

Use this space for any additional requested information (ie – Dog Name/Breed for dog classes, t-shirts for youth fitness classes, etc.)

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FOR DRIVER'S EDUCATION ONLY
 Please Circle One Choice: SR JR SOPH FRES GRAD
 Please Check One Choice: CC Student ___ Student Elsewhere ___
 Learner's Permit/Driver's License#:.....
 Date Issued:.....

SPECIAL NEEDS
 ___ Please check here if you have any special needs and a Continuing Education representative will contact you.

FOR CONTINUING EDUCATION OFFICE USE ONLY
 Date Received..... Date Entered Amt Rcv'd CA..... /CK# RCPT#