

# Summer Planner

Here's a place to pencil in your weekly summer plans including SoWashCo Community Education summer camps.



## June 3-8

Morning

Afternoon

## June 10-15

Morning

Afternoon

## June 17-22

Morning

Afternoon

## June 24-29

Morning

Afternoon

## July 1-6

Morning

Afternoon

## July 8-13

Morning

Afternoon

## July 15-20

Morning

Afternoon

## July 22-27

Morning

Afternoon

## July 29-Aug. 3

Morning

Afternoon

## Aug. 5-10

Morning

Afternoon

## Aug. 12-17

Morning

Afternoon

## Aug. 19-24

Morning

Afternoon

## Aug. 26-31

Morning

Afternoon



### Map and locations

View the directory for addresses, site codes and a map of the district at [commed.sowashco.org](http://commed.sowashco.org)



## REGISTRATION FORM

Mail or Drop off at 8400 East Point Douglas Rd. S., Cottage Grove, MN 55016  
Register online at [sowashco.ce.eleyo.com](http://sowashco.ce.eleyo.com) | Phone 651-425-6600 | Fax 651-425-6620

Participant's Full Name: \_\_\_\_\_ Please complete a separate form for each participant with a different last name or address. Forms can be printed at [commed.sowashco.org](http://commed.sowashco.org)

Address: \_\_\_\_\_ Unit/Apt. #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (home): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (work or cell): \_\_\_\_\_

### YOUTH REGISTRATION

Guardian's Full Name: \_\_\_\_\_ Phone (work or cell): \_\_\_\_\_

Grade in 23/24: \_\_\_\_\_ Special Needs\*: \_\_\_\_\_ Shirt size/instrument (if applicable): \_\_\_\_\_

\* 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 confirmation email.

Charge my:

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Mail: \_\_\_\_\_ Walk-in: \_\_\_\_\_ Fax: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash Receipt #: \_\_\_\_\_