



Register Online

Visit sowashco.ce.eleyo.com



Questions

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



Register by Mail or Fax

Mail your form and payment to:

District Program Center
8400 East Point Douglas Rd. S
Cottage Grove, MN 55016

Or fax to 651-425-6620



Register In-person

Drop-off your registration at the District Program Center, Monday-Friday, 7:30 a.m.-4 p.m.

Or leave your form in the secure drop box located to the left of the main doors.



COMMUNITY EDUCATION REGISTRATION FORM

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

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

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

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

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

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

E-mail _____

YOUTH REGISTRATION

Mother/Guardian _____ Work or Cell (____) _____

Father/Guardian _____ Work or Cell (____) _____

Grade in 24/25 _____ Special Needs* _____ Shirt Size or 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: VISA MasterCard DISCOVER AMERICAN EXPRESS

_____ - _____ - _____ - _____

Exp. Date _____ Signature _____

Print Name _____

FOR OFFICE USE ONLY

DATE _____ AMOUNT PAID _____

MAIL _____ WALK-IN _____ FAX _____

CHECK # _____ CASH RECEIPT # _____