



BALDWIN PUBLIC SCHOOLS CONTINUING EDUCATION PROGRAM REGISTRATION FORM

PLEASE PRINT

LAST _____ FIRST _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

COURSE TITLE _____

COURSE DAY/TIME _____

() SENIOR CITIZEN – GOLD CARD NUMBER _____

() NON-RESIDENT – ADD \$5.00 TO REGISTRATION FEE CHECK #
_____ CASH _____