REGISTRATION FORM

West Valley Central School
Community Eductation

Please fill out completely and print legibly.

Name _____

Street _____

City _____ State _____

Phone Number _____

Email for notification _____
(please print carefully)

Course Name _____

_____

I am 21 years of age or older Yes No
(please circle)

Instructor to pick up supplies
for additional cost Yes No
(please circle)

For Office Use:

Date Received _____

Check # _____

Class Fee _____