

“COMMUNITY CLASSROOM” REGISTRATION FORM

NAME: _____ E-MAIL: _____

ADDRESS: _____

PHONE: Day _____ Evening _____

Course Name	Day/Date	Fee
TOTAL	XXXXXXXXXXXXXX	\$

You will NOT receive confirmation but will be notified only if the class will not be held.
 We are able to accept payment by CHECK ONLY this semester.
 Make checks payable to Cocksackie-Athens Adult & Continuing Education Program

MAIL REGISTRATION FORM TO:

Community Classroom, Adult & Continuing Education
 Cocksackie-Athens Central School District
 24 Sunset Boulevard
 Cocksackie, NY 12051