

So that we can quickly and accurately process your registration form, please:

- Provide **ALL** requested information (It is very important to include a phone number and your complete mailing address so that if a class is canceled or we need to mail information to you, we are able to do so promptly.)
- **Make checks payable to “NORTH COLONIE CENTRAL SCHOOL DISTRICT”.**
- Write the name of the course(s) for which you are registering on your check.

MAIL CHECK AND REGISTRATION FORM TO:

**Mr. Edward E. Dopp
North Colonie Continuing Education Office
445 Watervliet-Shaker Road
Latham, New York 12110**

*****YOU WILL ONLY BE NOTIFIED IF YOUR CLASS IS CANCELED*****

**North Colonie Central School District
Continuing Education Registration Form – Fall 2015
Please print in a legible manner. Thank You.**

NAME: _____
Last Name First Name e-mail address

ADDRESS: _____
Street Town Zip Code

HOME PHONE: _____ **BUSINESS PHONE:** _____

COURSE NAME (1): _____
Day/Session: _____ Time: _____ Fee: _____

COURSE NAME (2): _____
Day/Session: _____ Time: _____ Fee: _____

COURSE NAME (3): _____
Day/Session: _____ Time: _____ Fee: _____

Please Check Appropriate Box(es):
Resident Non-Resident Senior Citizen 21 or Older **TOTAL FEE: \$** _____

REFUNDS: Registration in a course is a personal decision. Registrations are binding because teachers are employed and other financial commitments are made on the basis of the number of registrants for each course. After September 11th, 2015, it will be impossible to honor request for refunds.

GENERAL WAIVER OF LIABILITY: By signing this release, I understand that the North Colonie Central School District will not be held responsible for injury to person or loss of/damage to property.

Name (Please Print)

Signature