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 – Spring 2010
Please print in a legible manner. Thank You.

NAME: _____
Last Name **First Name**

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** ☐ **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 February 8th , 2010, 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**