ISD #110 Community Education & Recreation Registration Form
Mail/Make Checks Payable To: District #110 Community Education, 516 Industrial Blvd., Waconia, MN 55387 Phone: 952-442-0610 / Fax: 952-442-0619

| Participant Name: | Parent/Guardian Name: | | | |
|--|---------------------------|------------------------|-------------------------|---|
| E-MailAddress: | | | | |
| Home Phone: | | | Cell: | |
| Address: | | City: | | Zip: |
| Date of Birth:/ | Gender: M | F | Age: | Grade: |
| Credit Card #: | | | | Expiration Date: |
| Method of Payment (please circle): | Cash | Check | Credit Card | (Visa - Mastercard - Discover) |
| Class #: ClassTitle: | | | | Fee: |
| I hereby grant permission for my child understanding that one may be chose | | | | se Community Education programs, |
| Signature: | ertain risks are involved | when participating | in these activities. Ir | Date:Date: |
| | Phone: 952-44 | 2-0610 / Fax: <u>9</u> | 52-442-0619 | ustrial Blvd., Waconia, MN 55387 Name: |
| E-MailAddress: | | | | |
| Home Phone: | Work: | | Cell: | |
| Address: | | City: | | Zip: |
| Date of Birth:/ | Gender: M | F | Age: | Grade: |
| Credit Card #: | | | | Expiration Date: |
| Method of Payment (please circle): | Cash | Check | Credit Card | (Visa - Mastercard - Discover) |
| Class #: ClassTitle: | | | | Fee: |
| I hereby grant permission for my child understanding that one may be chose | | | ected with thes NO | se Community Education programs, |
| Signature: Parent/Guardian Permission: I fully recognize that c | | | | |