Community Education Registration Form

A. Participant Information (Please print)

1.) First Name _____ **Last Name** _____

Address _____ **City** _____ **Zip**_____

Contact Number _____

Please check one: Age 0-5 _____   Grade K-5_____   Grade 6-8_____   Grade 9-12_____

Age 19-54_____   Age 55+_____

Class _____   Date/Time_____ $Fee_____

Class _____   Date/Time_____ $Fee_____

Comments/Special Needs_____

B. Contact Information

Name _____

Address _____ City, Zip_____

Contact Number _____   Email address _____

Emergency Contact _____   Contact Number _____

* I grant permission for Mora Public Schools to use my child's digital image and/or classwork in newspaper articles, Mora Public School Webpage, and/or social media to promote Community Ed. events.

Signature_____   Date_____

C. Method of payment:

 □ Check   □ Credit Card, Credit Card Information: □ VISA   □ MasterCard

Card # _____Exp. Date_____

Name as it appears on the card _____

Card holder signature _____

Billing address if different than Contact Information _____

To register online, visit our website at: www.moraschools.org> District> Community Ed, OR

Mail this form to: Community Education, Mora High School, 400 East Maple, Mora, MN 55051

OFFICE USE ONLY

Date Received_____ by_____   Amount Paid _____   Cash □ or Check# _____

Comments _____