Register Early!
Registrations for each are reviewed one week prior to start date. If the minimum registration is not met, the class may be cancelled.

Name (Circle one – Parent/Guardian/Self) ..............................................................................................................................

Street Address ................................................................................................................................. City ................................................................. Zip ........................................

Home Phone ........................................ Cell Phone .......................................... Email ..............................................................

Golden Saints Member # (if applicable) ..................................................................................................................................

Make check(s) payable to: Churchville-Chili Continuing Education
Mail to: Churchville-Chili Continuing Education Office, 139 Fairbanks Road, Churchville, NY 14428

<table>
<thead>
<tr>
<th>Participant</th>
<th>Course</th>
<th>Course Code</th>
<th>Fee (add $3 for non-resident)</th>
</tr>
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</table>

Total Fee: $

Use this space for any additional requested information (ie – Dog Name/Breed for dog classes, t-shirts for youth fitness classes, etc.)

FOR DRIVER’S EDUCATION ONLY

Please Circle One Choice: SR JR SOPH FRES GRAD
Please Check One Choice: CC Student ___ Student Elsewhere ___
Learner’s Permit/Driver’s License#:.................................................................
Date Issued:.................................

FOR CONTINUING EDUCATION OFFICE USE ONLY

Date Received ..................... Date Entered ................. Amt Rcv’d ................. CA....... /CK# ................... RCPT# .........................

SPECIAL NEEDS

___ Please check here if you have any special needs and a Continuing Education representative will contact you.