

Adult Activity Registration Form

Community Education Adult Registration Form

Use one form per participant. Duplicate as needed. Complete form and mail with payment to: HLWW District 2687 Community Education, P.O. Box 708, Howard Lake, MN 55349

Participant name _____

Complete mailing address _____

Home phone _____

Work phone _____

Cell phone _____

E-mail address _____

| Class/Activity/Trip & location pick up | Start date/ | Session Fee |
|--|-------------|-------------|
|--|-------------|-------------|

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| _____ | _____ | _____ |
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| _____ | _____ | _____ |
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Statement of release: I agree to release District 2687 Public Schools, Community Education, its employees and volunteers of all liability related to accidents or injuries which myself or a member of my family might incur while participating in the above activities. I give permission for my picture to be used for promotional materials.

Signature _____ Date _____

Make check payable to: HLWW District 2687 Community Education or use a VISA/MasterCard

Credit Card Information: Charge my ___ VISA ___ MasterCard

Card Number _____ - _____ - _____ - _____

Expiration date _____ 3 digit security code _____

Card Holder's Signature _____

UCare ID No. _____