

REGISTRATION FORM

Form must be completely filled out.

Make checks payable to: **Shenendehowa Central School**

Course _____

Day(s) _____ Time _____ Fee _____

Starting Date _____ Session# _____

Name _____

Address _____

City _____ Zip code _____

Phone(Daytime/cell) _____ (Home) _____

**Send to: Community Education Dept.
 HS West-970 Route 146
 Clifton Park, NY 12065**