



# 3 DIFFERENT WAYS TO REGISTER!



### ONLINE

Visit [sowashco.ce.eleyo.com](http://sowashco.ce.eleyo.com) and view our course offerings



### FAX

Fax this registration form to 651-425-6620



### MAIL

Mail or drop-off your registration. Office Hours: 7:30-4:00 p.m. Drop box to the left of the main doors



### QUESTIONS?

Call 651-425-6600 or email us at [CommunityEducation@sowashco.org](mailto:CommunityEducation@sowashco.org)



## COMMUNITY EDUCATION REGISTRATION FORM

District Program Center, 8400 E. Point Douglas Road S., Cottage Grove, MN 55016-3324

Phone: 651-425-6600 | Fax: 651-425-6620 | Email: [CommunityEducation@sowashco.org](mailto:CommunityEducation@sowashco.org) | Website: [ce.sowashco.org](http://ce.sowashco.org)

Please complete a separate form for each participant with a different last name or address. Forms can be printed at [ce.sowashco.org](http://ce.sowashco.org)

Participant's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
First Name Last Name

Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work or Cell (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**YOUTH REGISTRATION**

Mother/Guardian \_\_\_\_\_ Work or Cell (\_\_\_\_) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work or Cell (\_\_\_\_) \_\_\_\_\_

Grade in 20/21 \_\_\_\_\_ Special Needs\* \_\_\_\_\_  
Shirt Size Instrument  
(if included) (if required): \_\_\_\_\_

\* Individuals with special needs are welcome to register for our classes and camps. Please note on your registration any needs your child may have or call 651-425-6600 if your child needs assistance to participate successfully and allow at least a two week notice for us to make assistance arrangements.

COURSE #	COURSE TITLE	CLASS DATE	CLASS FEE	DISCOUNT	FINAL FEE

**MAKE CHECKS PAYABLE TO DISTRICT 833 COMMUNITY EDUCATION** TOTAL: \$ \_\_\_\_\_

• **Swimming** - Please list your first two choices in order of preference. You will receive a confirmations email.

Charge my:

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

MAIL \_\_\_\_\_ WALK-IN \_\_\_\_\_ FAX \_\_\_\_\_

CHECK # \_\_\_\_\_ CASH RECEIPT # \_\_\_\_\_