

Registration Form

Form must be completely filled out. Make checks payable to the RCS Central School District.

Course: _____

Day(s): _____ **Time:** _____

Starting Date: _____ **Fee:** _____

Name: _____

Address: _____

Phone (H) _____ **(W)** _____

Mail to: Office of Continuing Education
2025 Rt. 9W
Ravena, NY 12143

Official Use Only

Date: _____ Amount: _____ Check Cash Money Order Initials: _____

Registration Form

Form must be completely filled out. Make checks payable to the RCS Central School District.

Course: _____

Day(s): _____ **Time:** _____

Starting Date: _____ **Fee:** _____

Name: _____

Address: _____

Phone (H) _____ **(W)** _____

Mail to: Office of Continuing Education
2025 Rt. 9W
Ravena, NY 12143

Official Use Only

Date: _____ Amount: _____ Check Cash Money Order Initials: _____