

[RCS Continuing Education Registration Form](#)

Course: \_\_\_\_\_ Fee: \_\_\_\_\_

Start date: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please fill out a separate registration form for each course you would like to take and mail it along with a separate check for each course (payable to RCS School District) to:  
RCS Office of Continuing Education, PO Box 100, Ravenna, NY 12143

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