

Mail to:

**NORTH SHORE SCHOOLS COMMUNITY EDUCATION
112 Franklin Ave.
Sea Cliff, NY 11579**

PLEASE MAKE CHECKS PAYABLE TO: North Shore Schools

****THIS FORM MUST BE FILLED OUT COMPLETELY, INCLUDING CELL PHONE AND EMAIL ADDRESS WRITTEN CLEARLY. IF NOT, YOU MAY MISS OUT ON IMPORTANT INFORMATION REGARDING THE COURSE.**

NORTH SHORE COMMUNITY EDUCATION

REGISTRATION FORM

PLEASE PRINT CLEARLY. PLEASE WRITE A SEPARATE CHECK FOR EACH COURSE. 2 PEOPLE CAN BE ON THE SAME CHECK AS LONG AS THEY ARE TAKING THE SAME COURSE.

NAME: _____

ADDRESS: _____

CELL PHONE: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

Course Title: _____

Day: _____ Time: _____

Course Fee: \$ _____

Non-Resident Fee \$5.00 \$ _____

Total: \$ _____

Check _____ Cash _____