Registration Forms

PAYNESVILLE AREA COMMUNITY EDUCATION - REGISTRATION FORM

Name _____ Home Phone_____
First Middle Last Work Phone_____
Cell Phone _____
Address_____ _____Adult
Name of Township_____ _____Sr. Citizen
Date of Birth _____ _____Child 0-5 _____Grade
E-Mail Address_____ _____Youth 6-18 _____Grade
Total Amount Enclosed: $_____
Payment: ____Cash ____Check#_____ Credit Card _____
Visa or Master Card Credit Card # _____-_____-_____-_____ Exp___ - ___ VSC # _____
(Please Circle Type of Card) Month Year (3 Digit Number on the back of the card)
Name as it appears on the credit card _____
Make checks payable to: Paynesville Area Community Education.
(NO REFUNDS IF 72 HOURS NOTICE HAS NOT BEEN GIVEN BEFORE CLASS BEGINS!)
Return to: Paynesville Area Community Ed., 801 W. Hwy. 23, Paynesville, MN 56362

Course #	Course Title	Fee
Volunteer?	I would like to volunteer for the activity above (Yes) - (No) - (Circle)	
Circle size	T-Shirt Size—**Youth** S M L **Adult** S M L XL	
	Township Name:_____ **Total**	

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