Course:	Fee:
Start Date:	Day/Time:
Name:	Senior Citizen: □YES □ NO Birth date (if 62 or older)
Address:	
Phone:	Email Address:
(payable to RCS Cen	stration date or mail the registration along with a separate check for each course stration date or mail the registration along with a separate check for each course stral Schools) to RCS Continuing Education, P.O. Box 100, Ravena, NY 12143 PANTS MUST REGISTER BEFORE THE PROGRAM START DATE.
S	$oldsymbol{n}$ Please fill out a separate registration form for each course you want to take.
	Fee:
Start Date:	Day/Time:
Name:	Senior Citizen: □YES □ NO Birth date (if 62 or older)
Address:	
Phone:	Email Address:
(payable to RCS Cen	tration date or mail the registration along with a separate check for each course stral Schools) to RCS Continuing Education, P.O. Box 100, Ravena, NY 12143 PANTS MUST REGISTER BEFORE THE PROGRAM START DATE.
Registration For	$oldsymbol{n}$ Please fill out a separate registration form for each course you want to take.
Course:	Fee:
Start Date:	Day/Time:
Name:	Senior Citizen: Senior Citizen: NO Birth date (if 62 or older)
Address:	
	Email Address:

Attend the in-person registration date or mail the registration along with a separate check for each course (payable to RCS Central Schools) to RCS Continuing Education, P.O. Box 100, Ravena, NY 12143