

# Registration Form

Please fill out a separate registration form for each course you want to take.

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

Start Date: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Senior Citizen:  YES  NO Birth date (if 62 or older) \_\_\_\_\_

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

Phone: \_\_\_\_\_ 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, Ravenna, NY 12143

PARTICIPANTS MUST REGISTER BEFORE THE PROGRAM START DATE.

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