

East Greenbush CSD Continuing Education Registration Form

PLEASE FILL OUT ONE FORM FOR EACH ACTIVITY

Student Information (please print clearly)

| |
|---|
| Name |
| Address |
| City, State ZIP |
| Telephone(s) (home/business/cell) |
| E-Mail |
| Course Information |
| Class or Activity |
| Fee |
| Day and Time |
| Please make checks, payable to: "EGCSD Continuing Education" |
| Send to: EGCSD Continuing Education, 29 Englewood Ave East Greenbush, New York 12061 |

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