Winter'08 Registration Form

Please use one registration form per person or family. List all courses that student is registering for.
**Please Note: If you are registering a child for any children's classes, please print parent information at the top. Provide the child's name and age on the appropriate line. Questions, call the office at 247-5345.

Did you register for classes during the fall session? ____ YES _____ NO
(if yes just fill out name and phone number and email address) Date: _____

Mr.
Ms. First Name _____ Last Name _____
Mrs.

Address _____

City _____ **Zip Code** _____

Home Phone _____ **Alternative Phone** _____

E-mail Address _____

District Resident? Yes No Senior Citizen? No Yes Gold Card # _____

One check or money order is acceptable for the courses listed below.
Please make checks payable to Gates Chili Continuing Education, or include Credit Card information, and mail to: **Gates Chili Continuing Education, 1 Spartan Way, Rochester, New York 14624**

(PLEASE MARK DATES ON CALENDAR. WE DON'T SEND CONFIRMATIONS.)

Course Number	Course Name	Child Name and Age	Fee $	Non-Res. add $3	Supply Fee Due at Registration	Total $
8050-W1/08	Soccer Referee		$ 75		N/A	$
			$			$
			$			$
			$			$

Check method of payment (please give complete information requested.)
( ) Check, payable to: Gates Chili Continuing Education.
( ) Cash, in-person only ( ) Money Order
I authorize you to charge my ( ) Visa ( ) MasterCard ( ) Discover Card

For Office Use Only
Receipt#:
Authorization #:

Card #:( )( )( )( ) ( )( )( )( ) ( )( )( )( ) ( )( )( )( )

Print cardholder name: _____ Exp. Date: _____

Cardholder signature: _____