

LAST NAME:	FIRST NAME:
ADDRESS:	
CITY	
PHONE (HOME):	PHONE (CELL):
COURSE CODE & TITLE	
PAYMENT: (YOUR CHECK OR M.O.#)	
FEE: \$	CHECK ONE: <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT
EMAIL ADDRESS:	

-----Please Return TOP portion ONLY-----

Nanuet Community Education Registration Form

Mail To: Nanuet Community Education
103 Church Street, Nanuet, NY 10954

Make Checks Payable To:

NANUET UNION FREE SCHOOL DISTRICT

A \$10 fee will be assessed for any checks returned by the bank.

**Always consult your doctor before beginning
any courses involving physical activities.**

Director: Pamela Rose
Email: prose@nanuetsd.org
Phone: (845) 627-9860