

Carmel Continuing Education Registration Form – SPRING 2019

Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone # for Class Cancellation: _____ Home Phone # _____

Email Address: _____

COURSE #	COURSE DESCRIPTION	FEE

If you wish to register by mail, please fill out form and mail it with your check payable to:

**Carmel Continuing Education
Carmel High School
30 Fair Street
Carmel, NY 10512**

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