

Registration Form

Form must be filled out completely
Make checks payable to Board of Education

COURSE _____

DAY(S) _____ TIME _____ FEE _____

STARTING DATE _____ SESSION# _____

NAME _____

ADDRESS _____

Phone: (Home) _____ (Work) _____

Send to: Office of Continuing Education
Saratoga Springs City Schools
3 Blue Streak Boulevard
Saratoga Springs, New York 12866

Official Use Only
date _____ amount _____

check cash m.o. initial _____

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**Please fill out a registration form for each class!
Fill out form completely!**

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