

REGISTRATION FORM

Please send a separate check for each course, made payable to Croton-Harmon Schools and mail to:
Continuing Education, Croton-Harmon Schools,
Gerstein Street, Croton-on-Hudson, NY 10520

Name _____

Address _____

Phone * _____

Course _____ Fee _____

*** WE MUST HAVE A PHONE NUMBER TO CONTACT YOU IF YOUR CLASS IS CANCELLED OR DELAYED.**

Please mail completed form along with a check for \$80.00 made payable to **Croton-Harmon Schools**.

Mail to:

Continuing Education
Croton-Harmon Schools
Croton-on-Hudson, NY 10520