

Registration Form

Course Title: _____

Session or Class Date: Day/Time: _____

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

School District of Residence _____

Phone: _____ Email Address: _____

Fee: _____ Check No.: _____

All registration fees must be paid at registration or mailed in. Registration fees cannot be collected by the instructor in class. *Please make out a separate card and check for each course.* Please make checks payable to BH-BL Central Schools. You will be notified only if the course is cancelled or changed. Mail to:

BH-BL Central School District / Director of Continuing Education Dacey Bonney
PO Box 1389, Ballston Lake, NY 12019

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