



WCA Community Education ~ 2015 Registration Form



Name _____

Address _____ Township _____

City & Zip _____

Home # _____ Work # _____ Cell # _____

Email Address _____

Class Name _____ Date of class ____/____/____ Fee _____ T-Shirt Size if needed _____

I hereby waive West Central Area Community Education and West Central Area Schools and their employees from any and all liabilities for any damages or injuries while participating in any activities.

REGISTRANT / PARENT / GUARDIAN SIGNATURE _____ Date ____/____/____

Date Paid ____/____/____ Amount Paid _____ Check# _____ Receipt# _____



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