



New Richmond Community Education Registration Form

PLEASE PRINT – Use this form for all classes and tours

Name _____ Date of Birth _____ Evening Phone _____ Day Phone _____

Address _____ City _____ State _____ Zip Code _____

E-Mail _____

***Signature of Participant or Parent/Guardian (if under 18)**
*By signing this form, you are certifying that you have adequate coverage insurance and absolve New Richmond Community Education of any claim.

Start Date	Class Name	Fee
Total Due:		

☆ Please contact Community Education prior to a class starting regarding any prior health concerns that may affect

☆ Community Ed periodically takes pictures of participants for promotional purposes. If you do not want pictures of yourself or your family please contact us.

Mail to: 701 E 11th St, New Richmond, WI 54017

Drop-off: 837 E 11th Street, New Richmond

Make checks payable to NR Community Ed.

Or register online at www.newrichmond.k12.wi.us,
Click Community Education, Click Classes

Credit Card Payment: MasterCard Visa

Card #: _____ Exp: _____

Card Holder First Name: _____ Last Name _____