

# QUESTIONS? CALL 763-972-6210

Participant Name \_\_\_\_\_ M/F Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (C) \_\_\_\_\_ (W) \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ UCARE ID # \_\_\_\_\_ (members only)

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Age 0 - 5       Grade K - 5       Grade 6 - 8

Grade 9 - 12       Age 19 - 54       Age 55+

COURSE #	CLASS TITLE	FEE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYMENT METHOD	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____ (payable to Delano Community Ed)
Visa / MasterCard / Discover / American Express	
Card# _____ - _____ - _____ - _____	
Expiration: ____/____ CVV Code: _____	
Cardholder's name: _____	

*Delano Community Education - 140 Elm Avenue, Delano, MN 55328 | Tel: 763.972.6210 | Fax: 763.972.6878*

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