

ADULT PROGRAM REGISTRATION FORM

Make checks payable & mail to:

Dassel-Cokato Community Education, 4852 Reardon Ave SW, Suite 1400, Cokato MN 55321

Activity #

Activity Name

Fee

Age Category

A 19-54 yrs

S 55+ yrs

Name (print) _____

Mailing Address _____

City _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____

e-mail Address _____

Cash Check # _____ VISA MasterCard Discover

Card # _____ Expiration Date ____/____ 3 digit Security Code # _____

Cardholder's Signature _____