

Chisago Lakes Community Education Registration Form

Please make checks payable to "Chisago Lakes Community Education"

Home Phone	Cell Phone	Email Address		
Mailing Address		City	State	Zip
Youth Registrations Only:				
Parent/Guardian	Home Phone	Work/Cell Phone		
Parent/Guardian	Home Phone	Work/Cell Phone		

Participant's Name	Class #	Class Name	Start Date	End Date	Start Time	Class Fee	Gender M/F	Age Range				Youth Registrations Only				
								0-5	6-18	19-54	55+	*2018-2019 Completed Grade				
								Birthdate	Grade*	School	T-Shirt Size if applies					

Please list any information our staff should be made aware of (i.e. disability, allergy, special needs, etc.): _____

Credit/Debit Card Total: \$	<input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Office Use Only	
Account # - - -	Expiration Date	Date	
Credit Card Signature:	Date	Check #	
		Cash <input type="checkbox"/> CC <input type="checkbox"/>	
		Total Rec'd	
		Rec'd By	
		With	

Please return to Chisago Lakes Community Education Family Center (Highway 8 & Akerson St. in Lindstrom); Mail: 13289 St. Croix Avenue, Lindstrom, MN 55045; Phone: (651) 213-2600; Fax: (651) 213-2094; Scan: clcommed@isd2144.org. If you need to cancel, notify us at (651) 213-2600 at least 3 working days before class begins. We will refund the class fee minus a \$3 processing fee. Full refunds will be issued for classes that are full or canceled. Refunds will not be given after the class has started.