

Clear Lake Community Education Class Registration

Participant Information:

Name: _____

Address: _____

City, Zip: _____

Phone Number: _____

Email Address: _____

Emergency Information:

Emergency Contact Name: _____

Phone Number: _____

Community Education Course Selection(s):

1. _____ Fee: \$ _____

2. _____ Fee: \$ _____

3. _____ Fee: \$ _____

Total Enclosed: (Payable to Community Education) \$ _____

Course Options: If you have to choose colors or supplies please list what you want.

Drop off form and payment at the Elementary office or:

Mail Form and Payment to:

Community Education - Lisa Moggo

135 8th Ave, Clear Lake WI, 54005