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Fotal Amount Enclosed: \$ Make checks payable to: <b>Medford C</b> o	T-shirt Size - (Youth): S M L (Adult): S M L XL XX
Statement of Release:  [ agree to release District # 763, Community of the	nity Education, and its employees of all liability related to accidents or injuries which in the above-mentioned activity.
Signature of parent/guardian	
	e Medford Community Education Scholarship Fund.
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Medford Comm Name:  Address: Home Phone: E-mail address: Class/Activity: Class/Activity: Class/Activity: Make checks payable to: Medford Comm Any medical conditions or specia	TH & ADULT REGISTRATION FORM nunity Education, 750 2nd Ave. SE, Medford MN, 55049  Grade:  City & Zip:  Cost:  Cost:  Cost:  T-shirt Size - (Youth): S M L (Adult): S M L XL XX  community Education  all needs the instructor should be aware of?