

## RED WING COMMUNITY EDUCATION

## • RECREATION REGISTRATION

NAME (one per line)	CLASS #	CLASS NAME	YOUTH	ADULT	SR.	COST

TOTAL \$ \_\_\_\_\_

PARENTS/PAYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

State

Zip

PHONE(H) \_\_\_\_\_ (W) \_\_\_\_\_ E-MAIL (ADDRESS) \_\_\_\_\_

MAKE CHECKS PAYABLE TO:

SCHOOL DISTRICT #256

RETURN TO:

COMMUNITY EDUCATION

2451 Eagle Ridge Drive

Red Wing, MN. 55066

**Method of Payment:**

\_\_\_\_\_ Cash (please send no cash through the mail)

\_\_\_\_\_ Check or money order

Check # \_\_\_\_\_

\_\_\_\_\_ Credit Card:

\_\_\_\_\_ Visa

\_\_\_\_\_ Mastercard

UCare/South Country # \_\_\_\_\_

Credit Card #

Exp. Date

Signature

Date

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