

Morris Area Community Ed. Website Registration Form

Please read the registration information before completing this form. Fill out this form completely!
MAIL OR DROP OFF TO: MORRIS AREA COMMUNITY EDUCATION, 153 SO. COLUMBIA AVE, MORRIS, MN 56267

Class Participant's Name _____ Male _____ Female _____

Address or Box # _____ City _____ State _____ Zip _____

Phone: (home) _____ (work) _____ (if parent's work # list parent's name) _____

Cell: _____ (parent's name if their cell #) _____

Email address _____ Parent's Name _____

School district you live in _____

Circle T-shirt size (if applicable)
Youth M Youth L Adult S Adult M Adult L

Circle one: Preschool Gr. K-12 18-61 yr. 62+

Age (youth) _____ Grade (2008-09) _____ Birthdate (youth) _____

<u>COURSE NO.</u>	<u>CLASS TITLE</u>	<u>FEE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUB--TOTAL _____

20% OUT-OF-DIST. _____

or - 50% SENIOR DISC. _____

GRAND TOTAL _____

I hereby waive and release Morris Area Community Education, the City of Morris, and Morris Area School and their employees from any and all liability for any damages or injuries while participating in any activities. I agree to allow Morris Area Community Education to use any photos of me and/or my children for publicity purposes.

PARENT/GUARDIAN SIGNATURE _____ DATE _____