CLASS REGISTRATION FORM

COMPLETE FORM AND MAIL IT WITH YOUR PAYMENT TO

Community Classroom c/o Emily Rancier

300 Kennedy Creek Road North Abington Township, PA 18414 Name: Address: _____ Phone: _____ Course Number/ Title/ Fee ONLINE REGISTRATION VIA OUR WEBSITE AVAILABLE By signing this form, you agree to allow the Community Classroom to take pictures of classes you have registered for and to allow us to use those photos. You voluntarily assume all risks of personal injury associated with participation and waive any and all claims or actions against the Community Classroom, The Gathering Place, its board members, instructors, and employees for any personal loss/injury sustained while participating in designated classes and/or trips. Signature: Date: _____ Total Amount enclosed: _____

For more information, contact 570.563.2402

All supply costs are paid to the instructor the first night of class.