SoWashCo

COMMUNITY EDUCATION

3 WAYS TO REGISTER



Register Online

Visit sowashco.ce.eleyo.com



Questions

Call 651-425-6600 or email us at CommunityEducation@sowashco.org



Register by Mail or Fax

Mail your form and pament to:

District Program Center 8400 East Point Douglas Rd. S Cottage Grove, MN 55016

Or fax to 651-425-6620



Register In-person

Drop-off your registration at the District Program Center, Monday-Friday, 7:30 a.m.-4 p.m.

Or leave your form in the secure drop box located to the left of the main doors.



Pho	С	istrict Program Co	enter, 8400 E	. Point Dougla	s Road South,	Cottage	CALION F (Grove, MN 55016-33 Dorg Website: comm	24	
Please	complete a sep	oarate form for each	participant w	rith a different lo	ast name or add	dress. Forn	ns can be printed at <u>co</u>	mmed.sowashco.org	
Participant's NameFirst Name					Last Name				
۸ddre	200		FIRST Name			_	Phone ()		
City State Zip						_ WOIK O	1 Cell (<u>) </u>		
E-ma	il					_			
YOUTH REGISTRATION	Mother/Guardian					Work or Cell ()			
	Father/Guardian					_ Work or Cell ()			
	Grade in 23/24 Special Needs*					Shirt Size or Instrument			
	(If applicable) *Individuals with special needs are welcome to register for our classes and camps. Please note on your registration any needs your child may have or call 651-425-6600 if your child needs assistance to participate successfully and allow at least a two week notice for us to make assistance arrangements.								
COURSE # COURSE TITLE CLASS DATE					CLASS	FEE	DISCOUNT	FINAL FEE	
MAKE CHECKS PAYABLE TO DISTRICT 833 COMMUNITY EDUCATION TOTAL \$									
Swimming: Please list your first two choices in order of preference. You will receive a confirmation email.									
Charge my: VISA Mastercard DISCOVER				FOR OFFICE USE ONLY					
					DATE AMOUNT PAID				
#					MAII		WALK-IN	FAX	
Exp. Date Signature									
Print Name					CHECK #_		CASH RECEIP	T#	