

CLASS REGISTRATION FORM

PLEASE PRINT PAGE, 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: _____

Email: _____

Phone: _____

Cell: _____

Course number/ Title/ Fee

By signing this form, you agree to allow the Community Classroom to take pictures of classes you have registered for and to allow them 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: _____

All supply costs are paid to the instructor the first night of class. For more information, contact 570.563.2402