

Registration: Please complete this form and return to: Alden Community Education  
13190 Park Street  
Alden, NY 14004

**REGISTRATION DEADLINE IS TWO WEEKS PRIOR TO CLASS START DATE!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Course Selections:**

1. \_\_\_\_\_ Session: \_\_\_\_\_ Fee: \_\_\_\_\_

2. \_\_\_\_\_ Session: \_\_\_\_\_ Fee: \_\_\_\_\_

3. \_\_\_\_\_ Session: \_\_\_\_\_ Fee: \_\_\_\_\_

**Independent Health #** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
(For Red Cross courses only)

Method of Payment: Cash \_\_\_\_\_ \*Check \_\_\_\_\_ Money Order \_\_\_\_\_

**\*separate check for each course**

(web form)

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