Mail this form along with payment to:
Ridgefield Community Education
510 Pioneer Street
Ridgefield, WA 98642

Office Use Only: Date Rec'd_____

Cash or check#_____

Amount Rec'd_____

Name_____ Phone #_____ Work # _____
Address_____ ____City_____ Zip _____
E-mail _____Emergency/Alt. Contact_____

Class Title	Day/Session #	Participant's Name	Age	Class Fee

Total Fees Enclosed:

I agree to release Ridgefield School District #122 and Ridgefield Community Education from all liability, which may arise from my participation, or the participation of any minor that I am responsible for, in all of the above listed programs for which I have registered. I list below all special information, such as allergies of medical conditions, that program staff should be aware of: _____

_____ _____ Circle t-shirt size: YS YM YL AS AM AL AXL
Signature of participant or legal guardian Date (If applicable)

Program Policies:
Registrations are accepted only by direct delivery to the Community Education Office(located on the View Ridge campus) or by US Mail. Please use the after-hours drop box for registrations with checks only. Include payment along with registration form. Classes may be cancelled if minimum attendance requirements are not met 3 working days prior to first class. **Pre-registrations are <u>required</u> for all classes!** Refunds are issued only if notification of your intent to withdraw is received at least 3 working days prior to first class**.**