

# REGISTRATION FORMS

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Please use one form per person, per class. **YOU WILL NOT RECEIVE A CLASS CONFIRMATION.** You will be notified **ONLY IF THE CLASS IS FULL OR CANCELLED.** Checks should be made payable to HF-L Community Programs.

Code: \_\_\_\_\_ Program: \_\_\_\_\_ Start Date: \_\_\_\_\_

Session: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Contact Name/Number: \_\_\_\_\_

Do you have any health issues we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe below

Fee: \_\_\_\_\_ (add \$5 for non HF-L resident) CK: \_\_\_\_\_ CA: \_\_\_\_\_

Please mail payment to: HF-L Community Programs, 83 East Street, Honeoye Falls, NY 14472.

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