Hastings Community Education

▲ REGISTRATION FORM ▲

1355 So. Frontage Rd. #150 Hastings, MN 55033

Name _____
First Middle Initial Last

Address _____

City _____ Zip_____

Phone (H) _____ (W)_____

Email Address (optional): _____

Age: 6-18 yrs____ 19-54 yrs____ 55+ yrs____ Male____ Female____

Registrant's Date of Birth (if age 0-21 years): _____

Does the registrant have any special needs where we might assist?
Yes____ No____ If yes, please explain on add'l sheet of paper.

1. Class Title OR Event: _____

Sec._____ Date(s)_____ Fee $_____

2. Class Title OR Event: _____

Sec._____ Date(s)_____ Fee $_____

UCare MINNESOTA

- UCare Members Only -
$15 Discount Program

UCare ID#_____

All CHECKS should be made payable to: ***Community Education***

If paying by **CREDIT CARD**, check which card you are using.
_____Visa _____Mastercard

Account Number Expiration Date

Signature Date

24-hour drop box at Community Education.
We now accept registrations via our on-line website:
www.hastings.k12.mn.us Click *Community Ed!*

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