

# REGISTRATION FORM

Payment by Visa/Mastercard, Money Order or  
Checks Payable to:

*Northport-East Northport UFSD*

**Mail to**

*Northport-East Northport UFSD*

*Office of Community Services*

*P. O. Box 210*

*Northport, New York 11768*

or

**Fax to: 262-6891**

Last Name		First Name		Receipt #
Street			Home Phone	
City	State	Zip	Business Phone	
	New York	117 _____		
Course#	Course Title	Course Fee: _____		
		Non-Resident: (\$5) _____		
Course#	Course Title	Course Fee: _____		
		Non-Resident: (\$5) _____		
<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Senior Citizen		<b>Nonrefundable</b> Registration Fee: <b>\$3 per person</b> <b>Total</b> _____		

Visa/MasterCard payments are made to:

*Northport-East Northport UFSD*

Visa/MasterCard # \_\_\_\_\_

Date of Expiration \_\_\_\_\_

Name of Card Holder \_\_\_\_\_

Signature \_\_\_\_\_