

# Bastrop ISD Community Education Registration Form

I wish to register for the activities listed below. Enclosed is my check or money order made payable to BISD Community Services or my VISA/Mastercard account number to be charged. **I have read and understand the Community Education Guidelines and agree to abide by them. Unless notified, I AM ENROLLED.**

Participant's Name: \_\_\_\_\_

If Child, Age: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

If participant is under 18: Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

COURSE NAME	START DATE	FEE
<b>TOTAL</b>		

VISA/MC (circle one) Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I hereby release Bastrop ISD for all responsibility in case of any accident or injury that occurs during a Community Education activity.

\_\_\_\_\_  
Liability Release Signature

**FOR OFFICE USE ONLY**

Method of Payment:

Check # \_\_\_\_\_  MO # \_\_\_\_\_

Credit Card: VISA/MC  
Auth. # \_\_\_\_\_

Interested in teaching? Have an idea that will improve Community Education classes?

Interested in teaching during the Spring 2008 session? List the name for your class idea.

\_\_\_\_\_

What dates, day(s), time and campus would you prefer?

\_\_\_\_\_

Comments, concerns or improvements you feel could better the Community Education Program. Your input is important to us.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mail form to: BISD Community Services, 906 Farm Street, Bastrop, TX 78602**