**CLASS REGISTRATION FORM/Form must fill out completely/*ONE FORM PER PERSON/*PLEASE PRINT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIRST NAME:** | | **LAST NAME:** | | |
| **HOME ADDRESS:**  **CLASS REGISTRATION FORM**  **Form must fill out completely/*ONE FORM PER PERSON/*PLEASE PRINT** | | **CITY:** | | |
| **ZIP:** | | **BIRTH DATE: MM/DD/YYYY\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** | | |
| **PHONE NUMBER:** | | **GENDER: MALE \_\_\_ FEMALE\_\_\_** | | |
| **CENTER NAME (if applicable)** | |  | | |
| **TRAINING ID #** | **NAME OF THE TRAINING** | **COUNTY** | **DATE** | **COST** |
| **#** |  |  |  | **$** |
| **#** |  |  |  | **$** |
| **#** |  |  |  | **$** |
| **#** |  |  |  | **$** |
| **Food Handler Packet** | **Yes! Please mail me a FH packet. I have attached a payment of $10.00**  **Check: English \_\_\_ Spanish \_\_\_ Russian \_\_\_** | | | **$** |
| **Do you need a receipt mailed to you? Yes\_\_\_ No\_\_\_** | | | **Total:** | **$** |

CCR&R must receive registration **no later than 3pm** on the date of the class.

Please mail the registration form **with** payments to:

**MWVCAA/CCRR**

**Attn: Accounts Payable**

**2475 Center Street NE \* Salem OR 97301**

CCR&R Website: [www.communityaction.org/CCRR](http://www.communityaction.org/CCRR) CCR&R Email: [ccrrweb@mwvcaa.org](mailto:ccrrweb@mwvcaa.org) Phone Number: 503- 585-2491

**Online payment option will be coming soon!!**

***OFFICE USE ONLY* Paid by CENTER NAME (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash $\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_($\_\_\_\_\_\_\_\_) Money Order # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($\_\_\_\_\_\_\_\_\_\_\_\_)

Class Credit \_\_\_\_\_ Scholarship \_\_\_\_\_\_ Free \_\_\_ **Front Desk Staff \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCR&R Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Entered into ORO\_\_\_\_\_\_