

CLASS REGISTRATION FORM

FIRST NAME:		LAST NAME:		
HOME ADDRESS:		CITY:		
ZIP:		BIRTH DATE: MM/DD/YYYY		
PHONE NUMBER:		GENDER: MALE <input type="radio"/> FEMALE <input type="radio"/>		
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 <input type="radio"/> Spanish <input type="radio"/> Russian <input type="radio"/>			
Do you need a receipt mailed to you? Yes <input type="radio"/> No <input type="radio"/>			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 CCR&R Email: ccrrweb@mwvcaa.org Phone Number: 503- 585-2491

OFFICE USE ONLY Cash \$ _____ Check # _____ Money Order # _____ Entered into ORO _____
 Class Credit _____ Scholarship _____ Free _____ Front Desk Staff _____ Date: _____ CCR&R Staff _____