

Cornell Cooperative Extension | Ulster County

Event Registration Form

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Cell Home Work (circle one)

Phone: _____ Cell Home Work (circle one)

Event Fee* (per person) \$_____ How many people are registering? _____

**Kitchen class pricing is \$35 per person. Register for more than one person or more than one class and receive a reduced price of \$30 per person.*

Name(s) of and contact for additional attendees:

Mail this completed form with payment to:

Cornell Cooperative Extension of
Ulster County
232 Plaza Road
Kingston, NY 12401

Which event(s) are you registering for?

Make checks payable to CCEUC.

Cornell Cooperative Extension provides equal program and employment opportunities. Please call 845-340-3990 if you have any special needs. By registering I give my permission to Cornell Cooperative Extension of Ulster County to use any photos, slides, films, or sketches taken of my child or of myself during this activity for publicity, and/or promotional purposes.

Credit Card Payments

Type of card (circle one): Visa Mastercard

Card Number: _____ Expiration Date: _____

Amount to be charged: \$_____

Name as it appears on Card (leave blank if same as above) _____

Signature (required): _____

