



505 Broadway  
 Dobbs Ferry, NY 10522  
 (914) 693-1500, x3148  
 www.dfsd.org

## Hudson River Community Education Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*Needed for notification of emergency cancelation and order confirmation

Course Title	Start Date	Day	Time	Fee

Total \$ \_\_\_\_\_

\_\_\_ Check     \_\_\_ Visa     \_\_\_ MasterCard     \_\_\_ Discover

\_\_\_\_\_  
 Credit Card Number    Expiration Date    Security Code

\_\_\_\_\_  
 Signature of Cardholder    Please print name as it appears on card

Please make checks payable to the Dobbs Ferry UFSD, 505 Broadway, Dobbs Ferry, NY 10522