

REGISTRATION FORMS

WINTER 2010 REGISTRATION FORM

NAME _____

ADDRESS _____

PHONE # _____ ZIP _____

EMPLOYED BY _____ PHONE _____

COURSE _____ FEE _____

NIGHT _____ COURSE # _____

SECTION _____ RECEIPT# _____

START TIME _____ START DATE _____

MC/VISA _____ RECEIPT # _____

EXP. _____

MAKE CHECKS PAYABLE TO:
ONONDAGA-CORTLAND-MADISON BOCES
DO NOT SEND CASH.
IF YOU HAVE QUESTIONS, CALL 758-5111.



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MISSION STATEMENT:

The Mission of Onondaga-Cortland-Madison BOCES is to develop and provide educational programs and services of the highest quality for the school districts and the community.