



Carbon County School District 2 BOCES Community Education Registration Form

Last Name			First Name	MI	Phone Number
Permanent Mailing Address			Emergency Contact		
Street Name:			Name:		
P.O. Box (if any)			Phone:		
City	State	Zip	Demographic Information		
			<p><i>How did you hear about this class?</i></p> <p><i>Reason for taking class:</i></p> <p><i>Personal Educational Employment</i></p>		
Email Address					
Gender	Birth date				
Notes (special requests):					
Course Information					
Class Date		Class Title			Cost
Payment Information					
OFFICE USE ONLY					

Please return form to BOCES Mail: PO Box 1530 Saratoga, WY 82331
In Person: 315 N 1st Street Saratoga, WY (CCSD2 Central Office)