

PARENTS FOREVER

Class Registration Form

(please print)

Name _____

Address _____

City _____

State _____ Zip _____

Phone #'s: (1) _____

(2) _____

County you are filing for divorce _____

Date of course you are attending _____

Class Site _____

I would prefer that _____ does not attend at the same time as me.

I would like to request partial scholarship funds of \$35 (Please check to receive scholarship funds)

Class Fee: **\$20** (Class fee is \$55 if scholarship funds are not requested above)

Payment enclosed \$ _____

Checks Payable to:
Stark-Billings County Extension Office

Payment in full is required before the start of class. Please bring drivers license to class for identification. Participants with financial concerns are encouraged to discuss payment options with the Parents Forever Coordinator prior to the first class. Financial support may be available for special circumstances.

Mail or bring registration to:
NDSU Extension Service/Stark-Billings County
1340 W. Villard St.
Dickinson ND 58601-4646