Community Education
Registration Form

Name: _____________________________________________________________________

Address: ___________________________________________________________________

___________________________________________________________________________

Home Phone: ________________________  Cell Phone: ______________________________

Email: _____________________________________________________________________

Course: _____________________________ Date: _________________________________

☐ Check or money order payable to Questar III BOCES enclosed in the amount of _______.
Course fees must be paid prior to class start date. Partial payments not accepted.

(518) 479-6939

Submit Registration Form to Deanna Cooper using any method below:

- Email: Deanna.Cooper@questar.org
- Mail: Questar III BOCES
  Adult Education c/o Deanna Cooper
  10 Empire State Boulevard
  Castleton, NY 12033
- Fax: 518 447-9833

How did you hear about us? __ website __ word-of-mouth __ Facebook ___ other

For more information, contact Deanna Cooper
(518) 479-6939
Deanna.Cooper@questar.org