

Neighborhood Connection Registration Form
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Participant Name: _____

Address (Street, City, State & ZIP) _____

AM Phone #: _____ PM Phone #: _____ Birth Date: ____/____/____

For computer classes only: Social Security Number: _____/_____/_____

For cosmetology classes only: License Number: _____

Event #: _____ Event Name: _____

Event #: _____ Event Name: _____

Event #: _____ Event Name: _____

Payment Method:

____ Visa ____ MasterCard ____ Check #: _____ Total Fees: \$ _____

Card Number: _____ Expires: _____/_____

Signature on Card: _____

*Make check payable to Neighborhood Connection
Mail to: Neighborhood Connection, 1200 S. Barr St., Fort Wayne, IN 46802
www.fwcs.k12.in.us*

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