

Date Received:

Randolph County Partnership for Children 349 Sunset Ave Asheboro, NC 27203



TRAINING REGISTRATION FORM

Name:							
First Las			Last	Maiden			
Email Address:				Phone #:			
Center Employed:				County of the Center:			
Job Position: Age group you		ou work with	work with: #of children in your classroom: _		:		
Registratio	n is due to t	he Partnership 3 (days before t	he training date.			
	YoYoYo	waiting list for fu u do not call by 10 u do not show up u show up for a tr r which you woul	0:00 the day for a registe raining witho	of the training to car red training ut registering	ncel		
Date	Time	Location	<u></u>	Name of Workshop			
					·		
			Make p		check or money order County Partnership fo	Ψ	
Registratio	n forms sho	uld be returned to	the Partner	ship Office:			
Children			Phone: 3	Phone/Fax 36-629-2128, x31 Susan Helsabeck 336-629-2135	Email Susan Helsabeck shelsabeck@randolphkids.org		

Office use only:

On Waiting List:

Total \$ Received: