



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



TRAINING REGISTRATION FORM

Name: _____
First Last Maiden

Email Address: _____ Phone #: _____

Center Employed: _____ County of the Center: _____

Job Position: _____ Age group you work with: _____ #of children in your classroom: _____

Registration is due to the Partnership 3 days before the training date.

You will be placed on a waiting list for future trainings if:

- You do not call by 10:00 the day of the training to cancel
- You do not show up for a registered training
- You show up for a training without registering

List the workshop(s) for which you would like to register:

Date	Time	Location	Name of Workshop	Fee

Total of check or money order \$ _____.00
Make payable to Randolph County Partnership for Children

Registration forms should be returned to the Partnership Office:

Mail	Phone/Fax	Email
Randolph County Partnership for Children Attn: Wendy Tellez 349 Sunset Ave Asheboro, NC 27203	Phone: 336-629-2128, x27 Fax: Attn: Wendy Tellez 336-629-2135	Wendy Tellez wtellez@randolphkids.org

Office use only:

Date Received:	Total \$ Received:	On Waiting List:
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