

**Continuing Education**  
*- Registration Form -*

Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_

Fee: \_\_\_\_\_ Cheque \_\_\_\_\_ Cash

**Make cheques payable to:**  
**Interlake School Division**  
192-2<sup>nd</sup> Ave. North, Stonewall MB, R0C 2Z0

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