



**DALLAS CERT G-317
CLASS REGISTRATION FORM**

Class Name/Location _____ you are registering for.

Name: _____

Date of Birth: ___/___/_____ Minor must be accompanied by parent or guardian.

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail: _____

Other Phone / Cell / Pager: _____

Signed

Date

Please return completed form to cassandra.wallace@dallascityhall.com or fax to 214-670-4677.