

# Training Registration Form

**Make check/money order payable to Brunswick Co CCR&R**  
**Mail to: CCR&R, PO Box 2232, Shallotte, NC 28459**

A minimum of 10 participants pre-paid are required to insure class.  
 The decision to cancel will be made 2 days prior to class date.  
 You will be notified directly of any changes.

NAME OF TRAINING	DATE OF TRAINING	LOCATION OF TRAINING	
NAME OF CHILD CARE PROGRAM	NAME OF PERSON ATTENDING TRAINING	CONTACT NUMBER OTHER THAN WORK <span style="color: red;">(VERY IMPORTANT)</span>	COST OF CLASS
CHECK NUMBER → MONEY ORDER #		TOTAL AMOUNT MAILED →	\$

**YOU are NOT registered until...**  
**CCR&R receives the completed registration form and payment and YOU receive a telephone call confirming your space in the class!**



**PLEASE MAKE COPIES OF THIS FORM FOR ADDITIONAL TRAININGS.**