

Smart Start of Brunswick County

Training Registration Form
(Pre-Registration is Required)

Name of Training: _____

Date of Training: _____ Cost of Training Per Person: _____

Child Care Site: _____

Add the names of the individuals registering for this training:

NAME	EMAIL or CELL PHONE NUMBER FOR EACH

Total Payment: \$ _____

Method of Payment: Check # _____ Money Order # _____

If paying by check or money order, please mail to: Smart Start of Brunswick County, 5140 Sellers St.,
Shalotte, NC 28470

