

# Leech Lake Tribal College Extension Program

## Course Registration

### PARTICIPANT INFORMATION

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### COURSE INFORMATION - register for up to 3 classes per form

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

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

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

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

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

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Mail completed registration form to:

LLTC Extension Program  
6945 Little Wolf Rd NW  
Cass Lake, MN 56633

The Extension Program will contact you to confirm your attendance to the workshop. Please contact Esther Humphrey with any questions at: 218-335-4247 or [esther.humphrey@lltc.edu](mailto:esther.humphrey@lltc.edu).

Please use separate form for each person registering.