

***Inservice Academy***  
**REGISTRATION FORM**

Please return this form to:  
Central Administration  
Minisink Valley CSD

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

Please register me for the following course(s):

1. Course: \_\_\_\_\_

2. Course: \_\_\_\_\_

3. Course: \_\_\_\_\_

4. Course: \_\_\_\_\_

5. Course: \_\_\_\_\_