



Co-Parenting Registration Form

Name: _____

Address: _____ Apt. _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Ext. _____

I prefer not to attend the same seminar as: Enrollment Preference: (must attend in entirety)

Name: _____ 1st Choice _____

Name: _____ 2nd Choice _____

Court Case # _____ Ages of children _____

County filed _____

Name of plaintiff _____

Name of defendant _____

Note: The first party to pre-register and pre-pay will secure their requested seminar date. If the other party later chooses the same date, they will be notified that they must choose another seminar date.



Return this form with \$ _____ fee to: *Your County OSU Extension Office*

Send check or money order only. Do not send cash. Make checks payable to "_____ County OSU Extension." Refund requests must be made in writing and received prior to the date of the seminar. No money refunded after that date. A \$5.00 processing fee is retained by the county office.

Please arrive 15 minutes early to sign in and receive credit for your attendance. Credit will not be given for late arrivals. Child care not available. Do not bring children.



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Cooperative Extension Service is committed to making its activities as accessible as possible. *Your county office* provides a range of special services for persons with disabilities. If you anticipate a need to some of these services, please indicate the service needed on the line below.
