

Options Fall 2018
Registration Form: (Please print)

Name _____ Date of Birth _____

Address _____ Zip _____

Telephone # _____

Please make check or money order payable to:

CSI Auxiliary Services

Mail payment and registration form to:

College of Staten Island
OPTIONS Program
Merrill Campus
130 Merrill Ave,
Staten Island, NY 10314

Please check ALL classes you wish to attend, excluding those that overlap:

____OPT1	____OPT19
____OPT2	____OPT20
____OPT3	____OPT21
____OPT4	____OPT22
____OPT5	____OPT23
____OPT6	____OPT24
____OPT7	____OPT25
____OPT8	____OPT26
____OPT9	____OPT27
____OPT10	____OPT28
____OPT11	____OPT29
____OPT12	____OPT30
____OPT13	____OPT31
____OPT14	
____OPT15	
____OPT16	
____OPT17	
____OPT18	

For Office Use Only:
Date Paid
Check #