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| Please fill out all the fields below and return your completed application, along with the waiver of liability, via email to [lnovitzke@cityofmadison.com](mailto:lnovitzke@cityofmadison.com) | |
|  |  |
| First Name: |  |
| Last Name: |  |
| Email Address: |  |
| Phone Number: |  |
| I confirm I am at least 18 years of age | |
| By completing this form, I agree to attend all the sessions:  Wednesday, March 5, 2025 6:00 – 9:00 PM  Wednesday, March 12, 2025 6:00 – 9:00 PM  Wednesday, March 19, 2025 6:00 – 9:00 PM  Wednesday, March 26, 2025 6:00 – 9:00 PM | |