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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 |
|  |  |
| 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 PMWednesday, March 12, 2025 6:00 – 9:00 PMWednesday, March 19, 2025 6:00 – 9:00 PMWednesday, March 26, 2025 6:00 – 9:00 PM |