



First Time Homebuyer Class Registration Form

Today's Date: _____

PARTICIPANT ONE

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PARTICIPANT TWO (if applicable)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How did you hear about this class?

- | | |
|---|---|
| <input type="checkbox"/> From a WATCH mailing or e-mail | <input type="checkbox"/> From the CHAPA website |
| <input type="checkbox"/> From a flyer in the WATCH office | <input type="checkbox"/> From the WATCH website |
| <input type="checkbox"/> From a friend | <input type="checkbox"/> Other: _____ |

The course is \$50.00 per person. Participants must attend all sessions to receive a completion certificate. There is no refund if you miss a class.

****Please mail your check with this form to:**
WATCH CDC, 24 Crescent St., Suite 201, Waltham, MA 02453
Please write FTHB on the check's memo line.

--- Please check here if you need a handicapped accessible meeting room.

If you have questions, please call WATCH at: 781-891-6689 x 0