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?

__ From a WATCH mailing or e-mail __ From the CHAPA website
__ From a flyer in the WATCH office __ From the WATCH website
__ From a friend __ 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