

REGISTRATION FORM

NO CONFIRMATION WILL BE SENT!

Please print:

NAME _____

First

Last

ADDRESS _____

Street or P.O. Box

City

Zip

PHONE _____ & _____

Best Number to Reach you at

Backup Number

(We need a daytime telephone number in the event of a cancellation.)

EMAIL _____

(Email address is for registration confirmation)

Course

Day/Date

Reg. fee

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Total Included: \$ _____

Send only registration fee, unless otherwise specified. Most book and material fees will be collected at the first class.

___ Check here if you are aged 65 or older and would like the senior discount (**rates are inside back cover**).

Circle Method of Payment: Check VISA MasterCard Discover American Express

Credit Card No: _____ Exp. Date: _____ Sec Code: _____

Signature: _____

We need not only the name, but the address and phone numbers of everyone you are registering.

TO REGISTER:

By Mail: Use either check or credit card. Make check payable to: Five Town CSD Adult Education

Send to: 25 Keelson Drive, Rockport, ME, 04856

OR

By Phone: Using credit card you can call us at 236-7800 option 5

OR

By Fax: Photocopy registration form first as newsprint is unreadable when faxed.

Fax number 230-1059 using a credit card.

Please call our offices in advance if you will be needing any assistance.

Courses are filled on a first-come, first-serve basis. Avoid disappointment by registering early.