

Register Now!

Registration Form

First Name _____ **Last Name** _____
Home Address _____
City _____ **State** _____ **Zip** _____
Day Phone _____ **Evening Phone** _____
Email Address _____

Class Title	1st Choice	2nd Choice	Fee
	Class #	Class #	

Register 7 days before class starts and deduct \$5 per class (_____)

Total Fee _____

Method of Payment

- Check Payable to: Adult Education
 Visa/Mastercard _____ - _____ - _____ **CVV #** _____
 Expiration Date ___/___/___ Signature _____

Cash, Authorizations, PO's and Requisitions require in-person registration

Register a Friend!

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Call us at 406-549-8765