

MSAD 52 Adult & Community Education

486 Turner Center Rd Ph: 207-225-1010 Turner, ME 04282 Fax: 207-225-2560

Name					
Address					
City	State	Zip			
Home Phone	Cell Phone		County		
Email Address		Birthdate (Birthdate (MM/DD/YYYY)		
Courses	Course Name		Date/Session #	Fee	
				\$	
				\$	
				\$	
Want to add more cou	rses? Attach a separate she	et.	Tota	al: \$	
chool Attended:	LOWING FOR ACADEMIC SU or/Designee Signature: s of age:	MMER SCHOOL	(ENGLISH, MATH, SCIENCE, S	SOCIAL STUDIES)	
arent/Guardian Name	Parent/0	Guardian Signatu	ıre		
Payment Cash Check / Money Pay to the order of and	Order (attached)- I mail to: MSAD 52 Adu 486 Turner Cer Turner, ME 042	ılt & Communi	r/Gift Certificate (attacl	ned)	
Signature:					

Some courses require a minimum number of participants. We will notify you by phone in the event that a course is cancelled due to insufficient enrollment.