

Name			
Address			
City	State	Zip	
Home Phone	Work Phone		
Email Address		Birthdate (MM/DD/YYYY)	

Courses

Course Name	Date/Session #	Fee
		\$
		\$
		\$
Want to add more courses? Attach a separate sheet.	Total:	\$

Payment

Cash	☐ Waiver/Gift Certificate (attached)
Credit Card	Check / Money Order (attached)
Type: Visa MasterCard Discover Card #: Exp. Date: CVV (3-4 digits):	Pay to the order of: Monmouth/Winthrop Adult & Community Education 39A Highland Avenue Winthrop, ME 04364

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.