

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	Pay to the order of: RSU 24 Adult Education 1888 US Highway 1	
Card #:	Sullivan, ME 04664	
Exp. Date:		
CVV (3-4 digits):		
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.