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Adult Education Learning for Work and Life Community Education

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	<i>Pay to the order of:</i> Wells-Ogunquit Adult Community Education 200 Sanford Road	
Card #:	Wells, ME 04090	
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.