

REGISTRATION

Date _____ / _____ / _____

NAME

First _____ Last _____

ADDRESS

Street _____

City _____ State _____ Zip _____

E-MAIL ADDRESS

_____ Your email address allows WAE to send announcements.

PHONE

Home _____ Work _____ Cell _____

INDICATE YOUR METHOD OF PAYMENT

Cash Check (# _____)

MAIL TO: Wallingford Adult Education

142 Hope Hill Road

Wallingford, CT 06492

PHONE: 203-294-5932

email: sgovin@wallingfordschools.org

CLASS DATE	COURSE TITLE	DAY	LOCATION	FEE

TOTAL DUE: _____

REMEMBER:
a separate check
for each class.

**Make checks payable to Wallingford Adult Education.
Refund policy refer to page 23.**

