

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: _____



**FOR COOKING CLASSES SEND A SEPARATE CHECK TO COVER THE CONSUMABLE SUPPLY FEE.
FOR ALL OTHER CONSUMABLE FEES, PAY THE INSTRUCTOR ON THE FIRST NIGHT OF CLASS.**

