

# 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**

Exact 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.

**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.**

