

REGISTRATION

Date _____/_____/_____

NAME
 First _____ Last _____

ADDRESS
 Street _____
 City _____ State _____ Zip _____

E-MAIL ADDRESS _____

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: pflinter@wallingford.k12.ct.us

CLASS DATE	COURSE TITLE	DAY	LOCATION	FEE

IF PAYING BY MAIL: INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE.
IF PAYING IN PERSON: BRING A SELF-ADDRESSED STAMPED ENVELOPE.
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.

REMEMBER:
 a separate check
 for each class.

TOTAL DUE: _____

