

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: sgovi@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.
- FOR CONSUMABLE FEES, PAY THE INSTRUCTOR
IN CASH ON THE FIRST NIGHT OF CLASS.

