

REGISTRATION FORM

PLEASE COMPLETE THIS FORM IN FULL AND MAIL IT TO:
VERNON CONTINUING EDUCATION, ROCKVILLE HIGH SCHOOL
70 LOVELAND HILL ROAD, VERNON, CT 06066

1.	_____	_____	_____	_____
	COURSE	DAY	TIME	LOCATION
2.	_____	_____	_____	_____
	COURSE	DAY	TIME	LOCATION
3.	_____	_____	_____	_____
	COURSE	DAY	TIME	LOCATION
4.	_____	_____	_____	_____
	COURSE	DAY	TIME	LOCATION

NAME _____

ADDRESS _____

CITY	STATE	ZIP CODE
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TELEPHONE _____

HOME	WORK	CELL
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EMAIL ADDRESS _____

I AM A SENIOR CITIZEN (62 YEARS OLD OR OLDER) YES NO

PLEASE CHECK YOUR METHOD OF PAYMENT:

CASH

CHECK

MONEY ORDER

* MASTERCARD NUMBER _____

* VISA CARD NUMBER _____

* EXPIRATION DATE _____

* 3 NUMBER SECURITY CODE ON BACK OF CARD BY SIGNATURE LINE _____

*SIGNATURE _____

***REQUIRED FOR MAIL-IN OR FAXED
CREDIT CARD REGISTRATIONS**