



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

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE: CELL \_\_\_\_\_ HOME \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

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

I AM MILITARY ☐ RETIRED ☐ RESERVES ☐ ACTIVE

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 CREDIT CARD REGISTRATION)

