

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.:						
==0	LOCATION	COURSE	DAY	TIME		
2.						
	LOCATION	COURSE	DAY	TIME		*
3.						
	LOCATION	COURSE	DAY	TIME		
4.						
	LOCATION	COURSE	DAY	TIME		
NA	ME:					
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TEL	EPHONE: CELL	номе				
EM	AIL ADDRESS:					
EM	ERGENCY CONTACT NAM	IE .	RELATIONSHIP		PHONE	
I Al	M A SENIOR CITIZEN (62	YEARS OLD OR OLDER)] YES □ NO			
	M MILITARY 🗆 RETIRED					
PLE	ASE CHECK YOUR METH	IOD OF PAYMENT: CAS	H 🗆 CHECK 🗆 MONE	ORDER		
* M	ASTERCARD NUMBER:	7				
* VI	SA CARD NUMBER:					
* E)	(PIRATION DATE:					
*3	NUMBER SECURITY COL	DE ON BACK OF CARD BY	SIGNATURE LINE:			
	GNATURE: EQUIRED FOR MAIL-IN C	REDIT CARD REGISTRATI	ON)			
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Register Early!

To ensure the class runs smoothly, please register early.

If there aren't enough registrations by the week before the class starts, it may be canceled. Avoid disappointment by signing up ahead of time!