



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

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: HOME WORK CELL

EMAIL ADDRESS _____

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



REGISTER EARLY!

Nothing cancels a good class quicker than everyone waiting until the last minute to register. If there are not enough registrations the week before the class begins, the course may be cancelled. So please register early!