

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!