

Adult Learning Center Registration

Name: _____		
Address: _____		
Street	Town	State Zip
Phone: _____		
Home	Work	Cell
E-mail (optional): _____		
Course Name:	Date/Session Number:	Fee: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
1.		
2.		
3.		
4.		
Total Fee: \$ _____		

Make checks payable to *Adult Learning Center*

Mail to: Adult Learning Center
 11 Municipal Drive
 Scarborough, ME 04074

Photograph/Video Release (Please circle one): Yes No

I give permission for the Adult Learning Center to photograph or film myself for the use of promotional materials that may or may not be aired on SCTV or used in other correspondence, such as brochures, flyers, or any other purpose deemed appropriate by the Adult Learning Center.

Signature: _____

For Office Use Only

Check # _____ Cash: _____ Money Order: _____ Date Received: _____

Notes: _____

Please flip this brochure over for the Adult Learning Center Catalogue.