Arlington

Adult Registration Form

Name		Date		
Address				
Home Phone	Cell	Email (required)		
COURSE CODE	COU	RSE TITLE		FEE
		Regist	ration fee*	\$6.00
		Donation to Schola		
			TOTAL:	
To Register: Pay by Check: Please make par registration form to Arlington Pay by Charge: at ArlingtonCo appear on your credit card sta	Community Education, 869 <i>l</i> ommunityEd.org, by fax 781-310	Mass. Ave., Arlington, MA 02476 6-3381, or by mail. Charge will		*Registration fee waived for courses under ^s 20.
Charge: 🗌 VISA 🗌 Master	rCard			
Card #		Expiration Date	Securi	ty Code
Name		Date		
Address				
COURSE CODE		Email (required)		
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