



Adult Registration Form

Name _____ Date _____

Address _____

Home Phone _____ Cell _____ Email (required) _____

COURSE CODE	COURSE TITLE	FEE
	Registration fee*	\$6.00
	Donation to Scholarship Fund	
	TOTAL:	

To Register:

- 1. **Pay by Check:** Please make payable to Arlington Community Education and mail with this registration form to **Arlington Community Education**, 869 Mass. Ave., Arlington, MA 02476
- 2. **Pay by Charge:** at ArlingtonCommunityEd.org, by fax 781-316-3381, or by mail. Charge will appear on your credit card statement as "Town of Arlington."

Charge: VISA MasterCard

Card # _____ Expiration Date _____ Security Code _____

Cardholder Signature _____

*Registration fee waived for courses under \$20.



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