

FALMOUTH COMMUNITY SCHOOL

113 Lakeview Avenue, Falmouth, MA 02540 YS
Office (508) 548-5739 Fax (508) 495-2854

REGISTRATION FORM

Name: _____

Mailing Address: _____

Town/Zip Code: _____ E-mail: _____

Phone: _____
Day Evening Cell

*Each form is valid for ONE class ONLY.
A **SEPARATE FORM** must be completed for each class desired.*

<u>Course</u>	<u>Day of the week</u>	<u>Time of Class</u>
1 st Choice _____	_____	_____
2 nd Choice _____	_____	_____

Course Fee: _____
 Senior Discount: - _____ (65 & older/\$5 discount)
TOTAL: _____ (Does not include materials fee)

COURSE AND REGISTRATION FEE MUST ACCOMPANY FORM

Cash Check Charge

For Office Use Only

D.R. _____ T.P. _____ App # _____

ALSO _____ Ref # _____

MC/Visa #: _____ Exp. Date: _____ Last 3 #: _____

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