

Mail-In Registration Form



1. Your Social Security Number (optional)

Today's Date

_____ - _____ - _____

2. Your Last Name, First Name,

Middle Initial

3. Your Street Address

4. Your Apartment #

5. Your City

6. Your Zip Code

7. Your Home Phone Number

8. Your Work Phone Number

(____) _____ - _____

(____) _____ - _____

9. Birth date (must be included)

10. Your Gender

____/____/____ (example 02/22/1943)

Male ____ Female ____

11. Your Ethnic Group

- Asian
- Amer. Indian
- Black
- Filipino
- Hispanic
- Pacific Islander
- White
- Other

What classes do you want to take?

Section #	Class Name	Fee
Section #	Class Name	Fee
Section #	Class Name	Fee

Total Fees for all Classes =

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Please enclose payment with your registration:

If using U.S. Mail, you may pay by check ONLY, payable to Azusa Adult School. Do not mail cash.

Payment Type: Check ____ Cash ____ Visa ____ MC ____ ATM ____

(Visa/MC/ATM only when presented in person)

Your signature (REQUIRED)

Date

My signature indicates that I have read, understood, and agree to the terms of the registration policy on page 26.

OFFICE USE ONLY: Fall/Spring/Summer 2006 REGISTRATION

TOTAL _____ Receipt # _____

No Fee Paid ____ Date _____ Initial _____