Mail-In Registration Form

Azusa ADULT SCHOOL

1. Today's Date _____

Student I.D. _____

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

10. Your Gender Male ____ Female ____

11. Your Ethnic Group

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

All mail-in and online registration will be officially enrolled beginning January 19, 2010, and enrollment will be completed as space allows. Once classes are full, then refunds will be made using method of payment.

What classes do you want to take?

Section #	Class Name	Teacher	Fee
		Total Fees for all Classes =	

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 30.

OFFICE USE ONLY: Fall/Spring/Summer REGISTRATION

TOTAL _____ Receipt # _____

No Fee Paid ____ Date _____ Initial _____