

# REGISTRATION FORM

PLEASE COMPLETE THIS FORM IN FULL AND MAIL IT TO:  
**VERNON CONTINUING EDUCATION, ROCKVILLE HIGH SCHOOL**  
70 LOVELAND HILL ROAD, VERNON, CT 06066

**PLEASE MAKE ALL CHECKS PAYABLE TO VERNON CONTINUING EDUCATION**

1. \_\_\_\_\_  
LOCATION COURSE DAY TIME

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LOCATION COURSE DAY TIME

1. \_\_\_\_\_  
LOCATION COURSE DAY TIME

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE

TELEPHONE: HOME WORK CELL

EMAIL ADDRESS \_\_\_\_\_

I AM A SENIOR CITIZEN (62 YEARS OLD OR OLDER)  YES  NO

PLEASE CHECK YOUR METHOD OF PAYMENT:  CASH  CHECK  MONEY ORDER

\* MASTERCARD NUMBER \_\_\_\_\_

\* VISA CARD NUMBER \_\_\_\_\_

\* EXPIRATION DATE \_\_\_\_\_

\* 3 NUMBER SECURITY CODE ON BACK OF CARD BY SIGNATURE LINE \_\_\_\_\_

\* SIGNATURE \_\_\_\_\_

\*REQUIRED FOR MAIL-IN CREDIT CARD REGISTRATION

## REGISTER EARLY!

Nothing cancels a good class quicker than everyone waiting until the last minute to register. If there are not enough registrations the week before the class begins, the course may be cancelled. So please register early!