

REGISTRATION FORM

Mail Form to:

Maplewood Adult Education

7075 St. Rt. 88

Ravenna, OH 44266

Or Fax to: (330) 296-5680 with your credit card information

(Please Make checks payable to Maplewood Adult Education)

Please Print

Today's Date _____

Name _____

Address _____
City State Zip

Phone _____
Home Business

Email _____ Date of Birth _____
MM/DD/YYYY

Course Description _____ Course # _____ FEE\$ _____

Class Starting Date _____ Class Time _____

Credit Card Information

Name on Card _____

Card Number _____ Expiration Date _____

CVC # _____ School District you live in _____

Please register at least 10 days before the start date of the course. If you have any questions or problems please give us a call at (330) 296-2892.

THANK YOU!