

# 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

Course Description \_\_\_\_\_ Course # \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class Starting Date \_\_\_\_\_ Class Time \_\_\_\_\_

Scheduled Class Days  Mon  Tues  Wed  Thurs  Fri  Sat

## **Credit Card Information**

Name on Card \_\_\_\_\_

Visa or MC # \_\_\_\_\_ Expiration Date \_\_\_\_\_

School District you live in \_\_\_\_\_