



Adult Education Registration Form

(Please Print)

Today's Date _____

Name _____

Address _____

City _____ Zip _____

Birth Date _____

Email _____

Phone # _____

Course Title _____ Course # _____ Fee _____

If Paid by Another Source Please Fill Out:

Name _____

Address _____ City _____ Zip _____

Phone _____

How did you hear about us?

- Catalog
- Advertisement (if so which one _____)
- Someone you know has attended Maplewood
- Have attended other classes
- Word of mouth
- Other (Please Name _____)