

# 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 Cell/Business

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_  
MM/DD/YYYY

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

Class Start Date \_\_\_\_\_ Class Time \_\_\_\_\_

## Credit Card Information

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

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVC \_\_\_\_\_

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

**How did you hear about Maplewood/this course? (Please check)**

Catalog \_\_\_\_\_

Advertisement \_\_\_\_\_ (which one?) \_\_\_\_\_

Someone you know has attended Maplewood \_\_\_\_\_

Have attended other classes \_\_\_\_\_

Word of mouth \_\_\_\_\_

Other (Please name) \_\_\_\_\_

**If you have any other questions please give us a call at (330) 296-2892, or stop  
by our office!**

**Thank you!**