

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 _____