

FALL 2011 REGISTRATION FORM

Name:			
Address:			
City/ St./Zip:			
Home Phone:			
Work Phone:	<i>Ext.</i>	<i>Ext.</i>	<i>Ext.</i>
Cell Phone:			
E-Mail:			

How did you hear about us? *Mail* *Website* *Friend* *Other* _____

Office Use	Course Name	Start Date	Day	Time	Room	Fee
				<i>Total Fees</i>		

- REFUND POLICY:** NO REFUND (Class meets 1-3 times), REFUND LESS \$10 CANCELLATION FEE IF A REQUEST IS MADE 24 HOURS BEFORE THE 1ST CLASS MEETING (classes with Monday start date must be received by noon on the Friday before) NO REFUNDS GRANTED AFTER THAT PERIOD. IF A CLASS IS CANCELLED BY US - FULL REFUND.
- CONFIRMATIONS:** PLEASE MARK YOUR CALENDAR AS WE DO NOT MAIL OUT CONFIRMATIONS OR REMINDERS
- RECEIPTS:** WE DO NOT MAIL OUT RECEIPTS - IF A RECEIPT IS REQUESTED WE WILL PLACE IT IN THE FOLDER FOR THE INSTRUCTOR TO GIVE YOU THE FIRST NIGHT OF CLASS. WE CAN FAX ONE TO YOU, OR YOU CAN STOP BY TO PICK IT UP IF NEEDED BEFORE THE FIRST CLASS, OR SEND A SELF ADDRESSED, STAMPED ENVELOPE.

**Make checks payable to: Keene School District. Mail to: Community Education, 171 West St., Keene, NH 03431
Fax: 603-357-9070**

Charge \$ _____ to Mastercard ____ Visa _____
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*Last 3 digits on number within the signature box on back of card

Office Use