

BROADALBIN-PERTH
CENTRAL SCHOOL
ADULT EDUCATION - FALL 2011

Adult Education Registration Form (may be photocopied)

Registration fee enclosed \$ _____

Last Name First Name Middle Initial

Street Address City State Zip Code

Date of Birth ____ / ____ / ____ School District of Residence _____

Home Phone _____ Work Phone _____

Please register me for the following class(es):

1. _____
2. _____
3. _____
4. _____

All mail-in registrations must be received by Saturday, October 1, 2011

In-person registrations may be made from 10:00-11:30 a.m., on Saturday, October 1, at the Broadalbin-Perth Middle School.

WAIVER: I agree by signing this registration form to waive all rights and claims against the Broadalbin-Perth Central School District. I knowingly and freely assume all risks.

Signature

Date