

Registration Forms

{ Registration information can be found on the inside front cover }

PLEASE PRINT

First Name : _____ Last Name : _____

Address : _____

Town : _____ Zip : _____ E-mail: _____

Day Phone : () _____ Night Phone : () _____

Office Use Only

Course Code(s) : _____ Course Name(s) : _____ Fee : _____

**Make checks payable to
Arlington Community
Education**

Total : _____ Check Number : _____

ARLINGTON COMMUNITY EDUCATION

Arlington High School
869 Massachusetts Avenue
Arlington, MA 02476
Tel. 781-316-3568
Fax. 781-316-3381

Please charge the following credit card: Visa Mastercard

Total Amount: _____

Account Number : _____

Expiration Date : _____

Cardholder Name (print): _____

**No confirmation sent : you are officially
enrolled upon payment**

PLEASE PRINT

First Name : _____ Last Name : _____

Address : _____

Town : _____ Zip : _____ E-mail: _____

Day Phone : () _____ Night Phone : () _____

Office Use Only

Course Code(s) : _____ Course Name(s) : _____ Fee : _____

**Make checks payable to
Arlington Community
Education**

Total : _____ Check Number : _____

ARLINGTON COMMUNITY EDUCATION

Arlington High School
869 Massachusetts Avenue
Arlington, MA 02476
Tel. 781-316-3568
Fax. 781-316-3381

Please charge the following credit card: Visa Mastercard

Total Amount: _____

Account Number : _____

Expiration Date : _____

Cardholder Name (print): _____

**No confirmation sent : you are officially
enrolled upon payment**