

## REGISTRATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

### COURSE REGISTRATION INFORMATION

Course #: \_\_\_\_\_

Course Title :

Night Class Meets: \_\_\_\_\_

Time: \_\_\_\_\_ School/Room : \_\_\_\_\_

Fee: \_\_\_\_\_ (FOR OFFICE USE) PAID M/O: \_\_\_\_\_ Check # \_\_\_\_\_



**Print this form and Mail to:**  
**Community Education Office**  
**Avenue A & 28th Street**  
**Bayonne, NJ 07002**

**Make all checks & money orders  
payable to:**

**BAYONNE BOARD OF EDUCATION.**

Use separate form for each course.

***NO CASH PAYMENTS***

**CLASSES ARE FOR ADULTS ONLY**

***REGISTRATIONS WILL NOT BE CONFIRMED***

***REGISTRANTS SHOULD REPORT TO CLASS  
UNLESS NOTIFIED OF A CANCELLATION***