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