

Enrollment Form

Please **print** clearly. Complete and mail or fax enrollment form.

Plan to attend the first class as scheduled. You will be contacted only if the class is cancelled.



Date of Registration _____

Last Name _____ First Name _____ M.I. _____

Address _____ City/State _____ Zip _____

Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ Senior Citizen (62 years or older)

Course No.	Course Name	Start Date	Total Cost (please include all class fees)

Total Enclosed: _____

Payment Method: Check Enclosed Mastercard Visa

Card Number: _____ Exp. Date _____

Signature: _____

Fax (419) 499-5391 • TOLL FREE (866) 256-9707 • (419) 499-4663 or 627-9665 ext. 280

Mail to: EHOVE ADULT EDUCATION, REGISTRATION DEPARTMENT, 316 WEST MASON ROAD, MILAN, OHIO 44846

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FORM 7231