

# 2018 WINTER/SPRING REGISTRATION FORM

STUDENT #1

STUDENT #2

STUDENT #3

Name:			
Address:			
City/ St/Zip:			
Home Phone:			
Work Phone:	Ext.	Ext.	Ext.
Cell Phone:			
E-Mail:			

How did you hear about us?              Mail      Website      Friend      Other _____
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Office Use	Course Name	Start Date	Day	Time	Room	Fee
<b>TOTAL FEES</b>						

**REFUND POLICY:** NO REFUND (Class meets 1-3 times), REFUND LESS \$10 CANCELLATION FEE IF A REQUEST IS MADE 24 HOURS BEFORE THE 1ST CLASS MEETING (classes with Monday start date must be received by noon on the Friday before) NO REFUNDS GRANTED AFTER THAT PERIOD. IF A CLASS IS CANCELLED BY US - FULL REFUND.

**CONFIRMATIONS:** PLEASE MARK YOUR CALENDAR AS WE DO NOT MAIL OUT CONFIRMATIONS OR REMINDERS

**RECEIPTS:** WE DO NOT MAIL OUT RECEIPTS - IF A RECEIPT IS REQUESTED WE WILL PLACE IT IN THE FOLDER FOR THE INSTRUCTOR TO GIVE YOU THE FIRST NIGHT OF CLASS. WE CAN FAX ONE TO YOU, OR YOU CAN STOP BY TO PICK IT UP IF NEEDED BEFORE THE FIRST CLASS, OR SEND A SELF ADDRESSED, STAMPED ENVELOPE.

Charge \$ _____ to Mastercard _____ Visa _____  Card Number _____  Exp. Date _____ *Card ID # _____  Cardholder (name on card): _____  Rec'd by phone:    Yes _____    No _____  *Last 3 digits on number within the signature box on back of card
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Office Use

**MAIL TO: KEENE COMMUNITY EDUCATION, 227 MAPLE AVE., KEENE, NH 03431**