

**Christina Continuing Education Program
SPRING, 2012 REGISTRATION FORM**

(May Be Duplicated If Needed)

NO PERSONAL CHECKS ACCEPTED

We accept Credit Cards (VISA, MasterCard, Discover), Money Orders, Cashier's Checks and cash (In-Person night).
Credit card refunds are easiest for you. All other payment refunds take 6 weeks.
Money Orders or Cashier's Checks are payable to the Christina School District.

Mail: Adult Programs Office, 925 Bear Corbitt Road, Bear, DE 19701

FAX: (302) 454-2272 (24/7) – for credit card payments only

In Person: Tuesday, January 24, 6:00 – 7:30 pm, Glasgow High School Cafeteria

**Phone: 454-2101 for information between 9 am – 4 pm
(No phone registrations)**

PLEASE PRINT using black or blue ink only.

Participant(s) _____

Address _____ Apt. _____ City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Other _____

Course _____ Group _____ Cost _____ Day _____ Time _____

Course _____ Group _____ Cost _____ Day _____ Time _____

Course _____ Group _____ Cost _____ Day _____ Time _____

Course _____ Group _____ Cost _____ Day _____ Time _____

Course _____ Group _____ Cost _____ Day _____ Time _____

CHECK: _____ I understand that I will **NOT** be notified of acceptance in the class. I report to the first class unless contacted.

_____ ENCLOSED IS A STAMPED SELF-ADDRESSED ENVELOPE to mail my receipt acknowledging my registration.

PAYMENT: _____ Credit Card _____ Money Order _____ Cashier's Check _____ Cash (Do not mail)

Card Number: _____ - _____ - _____ - _____ Card Expiration Date ____/____

Card Verification Code _____ (last 3 digits on signature strip on back of card)

Print Name on Card _____ Signature _____

Billing Address _____ Apt _____ City _____ State _____ Zip _____

FOR OFFICE USE ONLY:

Date _____ Amt. Pd. \$ _____ Receipt # _____

Bank/M.O. _____ Card Auth# _____ Staff Initials _____