

**REGISTRATION FORM** *(Not to be used for Driver Education)*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email \_\_\_\_\_

Resident—no additional fees                       Non-Resident—Add \$10.00 registration fee  
 Senior Citizen 50% discount (minimum fee is \$10.00)    Student has a current IEP program at school

Course Code	Course Title	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<b>Non-Residents add \$10.00</b>	_____
	<b>Endowment Fund Donation</b>	_____
	<b>Total Due</b>	\$ _____

**Make check payable to: Department of Continuing Education 155 Firetown Rd., Simsbury, CT 06070**



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