

ADULT REGISTRATION FORM - BEDFORD ADULT EDUCATION

PLEASE PRINT NEATLY and COMPLETE ALL INFORMATION!

A SEPARATE COMPLETED REGISTRATION FORM IS REQUIRED FOR EACH STUDENT AND EACH CLASS!

Class Name _____ Location _____ Start Date _____ Time _____
Name _____ E-mail _____
Complete Address _____ City _____ Zip _____
Daytime Phone _____ Cell Phone _____
Fee \$ _____ Cash _____ Check# _____ Receipt# _____

Mail registrations to: Bedford Adult Education, 1623 W. Sterns Road - Temperance, MI 48182