

Registration Form



Did you know? You can now visit lakeregion-fryeburg.maineadulted.org to register and pay online!

Full Name		Previous Name	
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address			
City/State/Zip		County	
Home Phone	Cell Phone	Work Phone	
Emergency Contact Phone			
Email			
How did you learn about this program? (circle one) Relative Friend Previously Attended Advertisement Educational Institution Career Center Workplace Military Recruiter Court Newspaper Website Catalog/Brochure Agency Referral Other: _____			
Class Date	Time	Cost	
1.		\$	
2.		\$	
3.		\$	
Please make check payable to: MSAD 61 Adult Education (unless otherwise noted). Mail registration form to: MSAD 61 & 72 Adult Education, Crooked River School, 1437 Poland Spring Road, Casco, ME 04015			Total Enclosed: \$

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