

GACE REGISTRATION FORM

PLEASE PRINT

Name: _____ Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell: _____

E-mail _____

Check: M F 62 & over 40-62 25-40 Under 25

How did you hear about us? Catalog Web Site A Library Newspaper Flyer

Course No.	Course Title	Start Date	Day	Time	Fee

Service fee	5:00
Total	

Check Cash VISA MasterCard



**FAX Credit Card Registrations
To 625-7476**



I.D. Number

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Signature: _____ Exp. Date : _____
REQUIRED FOR CREDIT CARD PAYMENT

Make checks payable to:
**Greenwich Adult &
Continuing Education**
290 Greenwich Avenue
Greenwich, CT 06830



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