

Ellis Clark Regional Agriscience and Technology Program

2010 Adult Education Registration Form

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER: _____

(needed in case of class cancellation due to weather, etc...)

E-MAIL ADDRESS: _____

COURSE(S) YOU ARE INTERESTED IN TAKING:

Course Name: _____	Date _____	Fee: _____
Course Name: _____	Date _____	Fee: _____
Course Name: _____	Date _____	Fee: _____
Course Name: _____	Date _____	Fee: _____
Course Name: _____	Date _____	Fee: _____
Course Name: _____	Date _____	Fee: _____
Course Name: _____	Date _____	Fee: _____

Total amount of fee(s) enclosed: \$ _____

Please make checks payable to "Region 14"

Send completed form to:

Nonnewaug High School

Attn: Bill Davenport, Agriscience Dept.

5 Minortown Road

Woodbury, CT 06798

Please list any ideas you may have for future course offerings that interest you:

Please go to www.woodburyffa.org for more information and course updates