

**Madawaska**  
**Adult &**  
**Community**  
**Education**  
**728-6314**

Office use only	
Payment:	
Cash \$ _____	_____ Reg. Book
Check \$ _____ # _____	_____ MaineSTARS
Rcpt # _____	Return Student? Y N

**Enrichment Registration Form – \*\* to be completed @ registration**

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month / Date / Year*

Email: \_\_\_\_\_ @ \_\_\_\_\_

Course Title	Start Date	Fee (NOTE)
		\$
		\$
		\$

**TOTAL COST \$**

**NOTE:** Additional registration fees may be applied for registrations outside the Madawaska & MSAD #27 School Districts.  
 \*\* See Course catalog.

**How did you learn about our program?**

<input type="checkbox"/>	Brochure/Catalog	<input type="checkbox"/>	News Letter / Mailing
<input type="checkbox"/>	Career Center	<input type="checkbox"/>	NEWS AD: <b>SJVT FHF OTH</b>
<input type="checkbox"/>	Chamber of Commerce	<input type="checkbox"/>	TV AD: <b>WAGM WOWL OTH</b>
<input type="checkbox"/>	Facebook	<input type="checkbox"/>	WEBSITE:
<input type="checkbox"/>	Friend	<input type="checkbox"/>	WORK:
<input type="checkbox"/>	Instructor	<input type="checkbox"/>	OTHER:

\*\* Payment is due at the time of registration to confirm availability.