

Ellis Clark Regional Agriscience and Technology Program

2012 Adult Education Registration Form

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

CELL PHONE NUMBER: _____
(needed in case of class cancellation due to weather, etc...)

PLEASE NOTE: Please assume that you are enrolled in your choices below and plan on attending them, unless you hear back from us if a course is overbooked or cancelled.

Please mark your calendar as NO REFUNDS can be given for missed classes.

COURSE(S) YOU ARE INTERESTED IN TAKING:

Course Name and Date: _____ Fee: _____

Course Name and Date: _____ Fee: _____

Course Name and Date: _____ Fee: _____

Course Name and Date: _____ Fee: _____

Course Name and Date: _____ Fee: _____

Course Name and 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