Registration Form Lexington Community Education

Please Complete ALL information below. Use pen and please PRINT CLEARLY.
Make check payable to LEXINGTON COMMUNITY EDUCATION.
Mail to Lexington Community Education, 251 Waltham Street, Lex., MA 02421
You may pay by check or credit card or phone. Please Photocopy as needed. One form per person please.

NAME of CLASS	Course CODE	Start Date	COST
		Total :	

Registration Info	
Name	
Street	
City/State/Zip	
Birthdate (seniors only)	
Home Phone	
Work Phone	
Email Address	

If paying by check, please fill in the amount $_____ and the check #_____

PLEASE CHARGE THE FOLLOWING CREDIT CARD *Amount to Charge: $ _____*

VISA ☐ *MASTERCARD* ☐

Signature: _____

(Name as it appears on credit card)

Account Number | *Expiration Date* | *Security Code*

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Month *Year* *3 digits, on rear of card*

Questions? Call (781) 862-8043