

Registration Form Lexington Community Education

Please Complete ALL information below. Use pen and please PRINT CLEARLY.
 You may pay by check or credit card.
 Send one form per person please.

Last Name _____ **First Name** _____

Street Address _____ **Town /City** _____ **Zip** _____

Home Phone _____ **Work/Cell Phone** _____

Email _____ **Birthdate (Seniors Only)** _____

Name of Class	Course Code	Start Date	Amount*
Total*			

Make check payable to LEXINGTON COMMUNITY EDUCATION.
 Mail to Lexington Community Education, 146 Maple St., Lexington, MA 02420
 or Fax to 781-863-5829

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

PLEASE CHARGE THE FOLLOWING CREDIT CARD

Visa/Mastercard _____ Amount to Charge \$ _____

_____ **Account Number** _____

_____/_____
Month **Year** **V Code**

Signature: _____
 (Name as it appears on credit card)

Questions? Phone: 781-862-8043 Fax: 781-863-5829