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)___________

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<tr>
<th>Name of Class</th>
<th>Course Code</th>
<th>Start Date</th>
<th>Amount*</th>
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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