



Acton-Boxborough Community Ed Registration Form

Student's Name: _____

Grade in Fall 2009: _____ Age: _____

Address: _____

Town: _____ Zip Code: _____

Home Phone (evening): _____

Phone/Cell (day): _____

E-mail address (if any): _____

Course Code: _____ Course Name: _____

Course Code: _____ Course Name: _____

Course Code: _____ Course Name: _____

Course Code: _____ Course Name: _____

Course Code: _____ Course Name: _____

Total \$: _____

Charge to my Visa _____ Mastercard _____ Discover _____ AMEX _____

Credit Card #: _____

Exp.: ____/____ CID# (last 3 #s on back): _____

Cardholder Name (print): _____

Check #: _____

Payable To: Acton-Boxborough Community Education

Mail To: Acton-Boxborough Community Education
Administration Building
15 Charter Road
Acton, MA 01720
