

# ***GACE REGISTRATION FORM***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail \_\_\_\_\_

Please check:       M    F    62 & over    40 - 62    25 - 40    Under 25

How did you hear about us?    Catalog    Web Site    A Library    Newspaper    Flyer

COURSE NO.	COURSE TITLE	START	DAY	TIME	FEE
Registration Fee					5.00
<b>Total</b>					

VISA    MasterCard    Check

*Make checks payable to:*  
Greenwich Adult & Continuing Education

Signature: \_\_\_\_\_ Exp. Date : \_\_\_\_\_

## ***WE HAVE 5 EASY WAYS TO REGISTER:***



on line at [www.GreenwichACE.com](http://www.GreenwichACE.com)



by email: [gce@greenwich.k12.ct.us](mailto:gce@greenwich.k12.ct.us)



by telephone: 203.625.7474



by mail

or in person at 290 Greenwich Avenue, Greenwich 06830