

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
Total					

VISA MasterCard Check

Make checks payable to:
Greenwich Adult & Continuing Education

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Signature: _____ Exp. Date : _____

WE HAVE 5 EASY WAYS TO REGISTER:



on line at www.GreenwichACE.com



by email: gce@greenwich.k12.ct.us



by telephone: 203.625.7474



by mail

or in person



at 290 Greenwich Avenue, Greenwich 06830



ALL CLASSES ARE HELD AT GREENWICH HIGH SCHOOL UNLESS OTHERWISE INDICATED