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

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