

REGISTRATION FORM FOR LIFELONG LEARNING

Pre-registration is required for all classes.

NAME: _____

PHONE: _____ (H) _____ (W)

_____ (Cell)

MAILING ADDRESS _____

EMAIL ADDRESS: _____

NAME OF CLASS: _____

LOCATION OF CLASS: _____

DATES OF CLASS: _____

TIME OF CLASS _____

FEE: _____ (REFUNDS ARE GIVEN ONLY IF THE CLASS IS CANCELLED)

(Make checks payable to: Lifelong Learning)

Please print this form and return your registration form and fee to the attention of the program's facilitator: Lifelong Learning at Sullivan Center, 206 Wilkins Street, Greenville, SC 29605