



HAVERFORD TOWNSHIP ADULT SCHOOL REGISTRATION FORM

FALL 2010

Last Name: _____ First Name: _____

E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Phone (Cell): _____

COURSE #	COURSE TITLE	TUITION

DONATION _____

TOTAL _____

CHECK PAYMENTS SHOULD BE MADE OUT TO HAVERFORD TOWNSHIP ADULT SCHOOL OR HTAS
AND MAILED TO P.O. Box 806, HAVERTOWN, PA 19083-0806
WE ARE NOT RESPONSIBLE FOR PAYMENTS MAILED TO ANOTHER ADDRESS

PLEASE LET US KNOW HOW YOU HEARD ABOUT HTAS:

MAILING LIBRARY FLYER FRIEND NEWSPAPER WEBSITE OTHER

PLEASE E-MAIL ME WITH HTAS ANNOUNCEMENTS

PLEASE CONTACT ME ABOUT VOLUNTEERING

SUGGESTION FOR NEW COURSE _____

HTAS reserves the right to cancel classes that do not have adequate enrollment. In the event of a cancelled class, you will receive a full refund.

Only Haverford Township Residents 65 and over are entitled to a Golden Age discount. You must include a copy of your Haverford Township issued Golden Ager card with payment.