



SPRING 2010

HAVERFORD TOWNSHIP ADULT SCHOOL REGISTRATION FORM

Last Name: _____ First Name: _____

E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ Phone (eve): _____

COURSE INFORMATION

Course #	Course Title	Tuition
		\$
		\$
		\$

DONATION: \$ _____

TOTAL: \$ _____

Check payments should be payable to: Haverford Township Adult School or HTAS
and mailed to: HTAS, P.O. Box 806, Havertown, PA 19083-0806

PLEASE TELL US ABOUT YOURSELF:

Is this your first HTAS course? Yes No

How did you hear about HTAS?

Newspaper (which one)? _____

Brochure Web site Word of Mouth

Other (please specify) _____

Male Female

Age: Under 18 18-29 30-39 40-54 55-64 65+

Please contact me about volunteering

Suggestions for new courses: _____

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

Only Haverford Township residents 65 and over are entitled to special Golden Age discounts. You must include a copy of your Haverford School District issued Golden Age Card.