



# 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.*