

SOUDERTON AREA COMMUNITY EDUCATION REGISTRATION FORM

Course Name	Course #	Session/Dates	Fee
1.			\$
2.			\$
3.			\$
Your Name (Print) _____			Total: \$

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): () _____ Phone (Work): () _____

Email: _____ Gold Card #: _____

Method of payment - Check Cash Visa MasterCard Discover

Credit Card # (print all digits) _____ Exp: _____

Signature _____ Mo/Yr

Signature required on credit card payment