



SUMMER 2013

HAVERFORD TOWNSHIP ADULT SCHOOL REGISTRATION FORM

Last Name: _____ First Name: _____

E-Mail: (address required to send updated class information and weather related cancellations)

Address: _____

City: _____ State: _____ Zip Code: _____

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

COURSE INFORMATION

Course #	Course Title	Tuition
		\$
		\$
		\$

DONATION: \$ _____

TOTAL: \$ _____

Check payments should be payable to HTAS and mailed to :
HTAS, PO Box 806, Havertown, PA 19083

High school students under the age of 18 need permission from parents to take a HTAS course

Parent Signature _____

If you love taking our classes, please consider volunteering for the Haverford Township Adult School Board! For more information, mail this section with your registration. Or, call the school office at **610-446-8022**.

I'm interested in becoming a member of the Haverford Township Adult School Board.

Name _____

Phone Number _____

E-mail _____