



Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____



Check enclosed



Credit Card

Card # _____

Signature _____ Exp. Date _____ CCV _____

Course #	Course Name	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tuition Total \$ _____

* \$3 Maplewood/South Orange Residents
\$5 Out-of-town Residents

Registration Fee* \$ _____

Total \$ _____