

The Montrose Area Adult School
Registration Form

Name: _____

Email: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Classes in Which You Want to Enroll:

1. _____

Start Date: _____ Time: _____

Fee: _____

2. _____

Start Date: _____ Time: _____

Fee: _____

3. _____

Start Date: _____ Time: _____

Fee: _____

Total enclosed: _____

**Mail to: The Montrose Area Adult School
PO Box 433
Montrose, PA 18801**

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