



# Montrose Area Adult School

Continuing Education in Susquehanna County

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## Class Registration Form

Name (please print clearly) \_\_\_\_\_

Email \_\_\_\_\_ Primary Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

### Courses in which you wish to enroll

Class# \_\_\_\_\_ Course \_\_\_\_\_ Start Date \_\_\_\_\_

Fee \_\_\_\_\_ Material Fee \_\_\_\_\_ Total \_\_\_\_\_

Class # \_\_\_\_\_ Course \_\_\_\_\_ Start Date \_\_\_\_\_

Fee \_\_\_\_\_ Material Fee \_\_\_\_\_ Total \_\_\_\_\_

Class# \_\_\_\_\_ Course \_\_\_\_\_ Start Date \_\_\_\_\_

Fee \_\_\_\_\_ Material Fee \_\_\_\_\_ Total \_\_\_\_\_

Class # \_\_\_\_\_ Course \_\_\_\_\_ Start Date \_\_\_\_\_

Fee \_\_\_\_\_ Material Fee \_\_\_\_\_ Total \_\_\_\_\_

**“By signing this registration for a course, or courses, offered by the Montrose Area Adult School, you voluntarily agree to assume all risks of personal injury associated with this participation and waive any and all claims or actions against the Montrose Area Adult School and its instructors, board members and employees for any and all personal injury or other loss or damage sustained while participating in designated courses and /or trips.”**

Signature \_\_\_\_\_ Date \_\_\_\_\_

All registrations must be accompanied by a check or money order made out to Montrose Area Adult School. Total amount enclosed \_\_\_\_\_

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