

# BAY PATH ADULT EVENING SCHOOL REGISTRATION FORM

*Bay Path Regional Vocational Technical High School*

*57 Old Muggett Hill Road, Charlton, MA 01507*

**(508) 248-5971 or (508) 987-0326 x 1715/1714 • Fax (508) 248-4747**

*(Please use one form per registrant)*

Date \_\_\_\_\_ Semester \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Street Address \_\_\_\_\_ (or) P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

COURSE NUMBER	COURSE TITLE	NIGHT OF WEEK (M, T, W, TH)	COURSE FEE

## USE THIS PORTION IF REGISTERING FOR COUPLES ONLY COURSES

COURSE NUMBER	NAME OF PERSON OTHER THAN REGISTRANT	COURSE TITLE	NIGHT OF WEEK (M, T, W, TH)	COUPLES COURSE FEE

Students outside the district must pay an additional \$5.00 per semester. *In District: Auburn, Charlton, Dudley, North Brookfield, Oxford, Paxton, Rutland, Southbridge, Spencer & Webster.	<b>Total:</b>	
	<b>*Out of District Fee:</b>	<b>5.00</b>
	<b>Total</b>	

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ (Check # \_\_\_\_\_)

Credit Card: (Please Circle One) **MASTERCARD** **VISA** **DISCOVER**

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Name & Address (if different from registrant)  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATA ENTRY STAMP	CREDIT CARD ENTRY STAMP