

Adult Enrichment Registration Form

Name _____ Check here if new address
 Address _____ City _____ Zip _____
 E-Mail _____ Gender **M F** Date of Birth _____
 Evening Phone _____ Day Phone _____ Cell Phone _____

If handicapped services are required, please call 328-4006 for information at least two weeks prior to class start date.

Class Code	Class Title	Start Date	Start Time	Fee
<input type="checkbox"/> Senior Citizen (62+) UCare Discount (UCare ID # _____)				TOTAL

Payment Options

*The charge from registering for classes will appear on your credit card statement as a purchase from Rochesterce out of California.

Total \$ _____ Check, Number _____ Make check payable to Community Education
 MasterCard American Express VISA
 *Card Number _____ - _____ - _____ Exp. Date _____
 Signature: _____

HOW TO REGISTER

Online:
www.rochesterce.org/adults

Mail to: Northrop Education Center
 201 8th Street NW
 Rochester, MN 55901
Phone: 507-328-4000

Credit cards we accept:
 VISA, MasterCard, or
 American Express

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