# REGISTRATION FORM

**Palo Alto Adult School**
50 Embarcadero Road
Palo Alto, CA 94301
(650) 329-3752

**Or - register online:** www.paadultschool.org

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**Please Print**

- **Year:**
- **Quarter:**
  - [ ] Winter
  - [ ] Spring
  - [ ] Summer
  - [ ] Fall

- **Registration Date:**

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**Name:**

- **(Last)**
- **(First)**
- **(Middle)**

**Address:**

- **(No.)**
- **(Street)**
- **(Apt.)**
- **(City)**
- **(Zip)**

**Home Phone:**

**Work Phone:**

**Email:**

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**Start Date:**

- **[ ] New Student**
- **[ ] Returning Student**
- **Date of Birth:**

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<table>
<thead>
<tr>
<th>Class Name</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>S</th>
<th>Instructor</th>
<th>Time</th>
<th>Location</th>
<th>Fee</th>
</tr>
</thead>
</table>

**Type of Payment:**

- [ ] Check
- [ ] Cash
- [ ] Visa
- [ ] M/C
- [ ] No Fee

**Credit Card Number:**

**Expiration Date:**

**How did you find out about this class?**