

# REGISTRATION FORM — SPRING 2019

www.capecodall.org

## FOR OFFICE USE ONLY

CK# \_\_\_\_\_ Amount \_\_\_\_\_

Reg. Forms #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Coordinator 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Legacy \_\_\_\_\_

### Academy for Lifelong Learning Cape Cod Community College

2240 Iyannough Road  
West Barnstable, Ma 02668-1599  
(774) 330-4400

Please review the **REGISTRATION INFORMATION** in the catalog before completing your form.

The best way to contact me is:  By Phone \_\_\_\_\_  By Email \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Emergency Contact (required): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is this a **NEW ADDRESS** since your last registration?  Yes  No  I am a **FIRST TIME** member of A.L.L.

Please contact me about "coordinator/assistant coordinator" opportunities.  Yes  No

For the **\$105 membership fee** (please make check payable to A.L.L.) you may select from the following options:

**four** 6-week courses    **two** 12-week courses    **one** 12-week course & **two** 6-week courses

Please list courses **in order of preference**, including alternate choices. If no alternate choices are listed, it is assumed that none are desired. (Paid members may join unfilled classes at no additional cost.)

(off. use)	Course #	Course Title	Day	Time	12 wks.	1st 6 wks.	2nd 6 wks.
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\_\_\_\_ 1. ALL \_\_\_\_\_

\_\_\_\_ 2. ALL \_\_\_\_\_

\_\_\_\_ 3. ALL \_\_\_\_\_

\_\_\_\_ 4. ALL \_\_\_\_\_

### Alternate choices in the event preferred courses are full

\_\_\_\_ 1. ALL \_\_\_\_\_

\_\_\_\_ 2. ALL \_\_\_\_\_

\_\_\_\_ 3. ALL \_\_\_\_\_

\_\_\_\_ 4. ALL \_\_\_\_\_