REGISTRATION FORM — FALL 2018

www.capecodall.org

Academy for Lifelong Learning
Cape Cod Community College
2240 Iyannough Road
West Barnstable, Ma 02668-1599
(774) 330-4400

FOR OFFICE USE ONLY

CK#_____ Amount_____

Reg. Forms #1___ #2___ #3___

Coordinator 1___ 2___ 3___

Legacy_____

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.
___	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_____	_____	_____	_____	_____	_____	_____