REGIST	RATION FORM — Fall 2022	FOR OFFICE USE ONLY					
		CK#Amount					
		Invoice # VAX Coor	rd				
Academy for Lifelong Learning		Scholarship Legacy					
Cape Cod Community College 2240 Iyannough Road West Barnstable, MA 02668-1599	**NEW : Proof of vaccination is required for all in-person classes. Include a copy of your proof of vaccination with your registration form or email a photo of your proof to allvaccinations@						
Please review the REGISTRATION INFORMATION in the catalog before completing your form. If possible, please complete your form using your computer BEFORE printing.							

Name		DOB				
Street						
City	State	ZIP				
Phone (Home)(Cell)	Email					
Emergency Contact (required)	Phone No	Relationship				
Is this a NEW ADDRESS since your last registration?	The best way to conta	act me: PhoneEmail				
I am a FIRST TIME member of ALL How did	you learn about ALL?					
Please contact me about "coordinator" opportunities:	YesNo					

For the \$105 membership fee, you may select from the following options: (make check payable to ALL) ______four 6-week courses ______one 12-week courses & two 6-week courses

Please list courses <u>in order of preference</u>, including alternate choices. If no alternate choices are listed it is assumed that none are desired. New this fall: Please note if each class is on Zoom (Z) or In-Person (IP).

Preferred course(s)

(Off. Use)	Course #	Course Name (preferred)	Day/Time	Z or IP	12wk.	2nd 6 wk.
1. A	LL					
2. A	LL					
3. A	LL					
4. A	LL					
		Alternate Choices in the event p				
1. A	LL					
3. A	LL					
4. A	LL					

The ALL Registration process will open on Monday August 22nd, at 9 a.m. for registration forms received by August 19th. No preference will be given to early postmarks or delivery dates. All registration forms must be submitted by mail. Be sure to include your SIGNED CHECK and PROOF OF VACCINATION (for in-person classes). Incomplete registrations cannot be processed.