## **ALL Registration Form Spring 2023**

## If possible, please download and complete this form on your computer before printing.

Academy for Lifelong Learning			For Office Use Only			
Cape Cod Community College				Amount		
2240 Iyannough Road			voice#			
West Barnstable, MA 02688-1599		C	L	s		
Proof of vaccination is required fo email to allvaccinations@gmail.co have to re-submit.						
Name	Date of Birth					
Street						
City	State	ZIP New a		address?		
Phone (Home)	(Cell)		New phone #?			
Email		New Email Address?			?	
Emergency Contact	Phone_		Relationship			
FIRST TIME Member? How o	did you learn about ALL?	?				
Please contact me about "coord	inator" opportunities. Y	N				
For the \$105 membership fee, pleand two 6-week courses. P						
	note: Course number su n Z=Zoom HC=Hybrid C					
	Preferred Cou	rses				
(Ofc. Use) Course # Location C,Z,HC,HZ	Course Name	Day/Time	12 wk	1 <sup>st</sup> 6 wk	2 <sup>nd</sup> 6 wk	
1. ALL						
2. ALL						
3. ALL						
4. ALL						
	Alternate Courses (if pre	ferred are full)				
1. ALL						
2. ALL						
3. ALL						
4. ALL						

The ALL Registration process will open on Monday January 9th, at 9 am for registration forms received by January 6th. 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, if not previously provided.) Incomplete registrations cannot be processed.