

ALL Registration Form Fall 2026

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

**Academy for Lifelong Learning
Cape Cod Community College
2240 Iyannough Road
West Barnstable, MA 02668-1599**

For Office Use Only
Invoice# _____ Amount _____
Reference/Ck# _____
C _____ L _____ S _____

Mail your completed form with your check for \$125 to the above address. OR
Email this form to allccregister@gmail.com and pay the membership fee plus a \$5 transaction fee (\$130 total) online by selecting the "Pay Online Here" button at capecodall.org/registration.

Name _____ Date of Birth _____

Street _____

City _____ State _____ ZIP _____ New address? _____

Phone (Home) _____ (Cell) _____ New phone #? _____

Email _____ New Email Address? _____

Emergency Contact _____ Phone _____ Relationship _____

FIRST TIME Member? _____ How did you learn about ALL? _____

Please contact me about "coordinator" opportunities. Y _____ N _____

Please select up to four 6-week courses, two 12-week courses or one 12-week and two 6-week courses.
Please choose alternates in case your preferred courses are full.
Please list courses in order of preference, including alternate choices.

Please note: Course number suffixes signify location.
C=Classroom Z=Zoom HC=Hybrid Classroom HZ=Hybrid Zoom

Preferred Courses

| <i>(Ofc. Use)</i> | Course # | Location C,Z,HC,HZ | Course Name | Day/Time | 12 wk | 1 st 6 wk | 2 nd 6 wk |
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| ___ 1. ALL | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| ___ 2. ALL | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| ___ 3. ALL | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| ___ 4. ALL | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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Alternate Courses (if preferred are full)

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| ___ 1. ALL | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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The ALL Registration process will open on Monday, August 24th at 9 am for registration forms received by Friday August 21st. No preference will be given to early postmarks or delivery dates.