

REGISTRATION FORM — Fall 2020

FOR OFFICE USE ONLY

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

Reg.1 \_\_\_\_\_ Reg.2 \_\_\_\_\_ Reg.3 \_\_\_\_\_

Scholarship \_\_\_\_\_ Legacy \_\_\_\_\_

Academy for Lifelong Learning  
2240 Iyannough Road  
West Barnstable, MA 02668-1599  
(774)-330-4400

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

**\*\* Something new: Please complete your form (using your computer, tablet or phone) if you can, 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 contact me: Phone \_\_\_\_\_ Email \_\_\_\_\_

I am a FIRST TIME member of ALL \_\_\_\_\_ How did you learn about ALL? \_\_\_\_\_

Please contact me about “coordinator” opportunities: Yes \_\_\_\_\_ No \_\_\_\_\_

For the \$105 membership fee, you may select from the following options: (make check payable to ALL)  
\_\_\_\_\_ 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 **after checking with the coordinator** at no additional cost.

Preferred course(s)

(Off. Use)	Course #	Course Name (preferred)	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 _____	_____	_____	_____	_____	_____	_____

The ALL Registration process will open on Monday, August 24<sup>th</sup> at 9 a.m. for registration forms received by August 21<sup>st</sup>. 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. Any form received without payment will lose its place in the queue.