

Please fill this form out and return it with payment (or fax if credit card - see below) to: San Mateo Adult School , 789 E. Poplar Avenue, San Mateo, CA 94401

(under 50 pay \$75, 50 to 64 pay \$50, Over 65 pay \$30)

**SAN MATEO ADULT SCHOOL** **STUDENT I.D. NO.** \_\_\_\_\_ **REGISTRATION FORM**

**STUDENT INFORMATION**

(Last Name): \_\_\_\_\_ (First Name): \_\_\_\_\_ Gender (circle): **M** **F**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell #: ( \_\_\_\_\_ ) \_\_\_\_\_

**COURSE REGISTRATION INFORMATION**

CLASS SECTION #	COURSE	DAYS	TIME	TEACHER	SEMESTER	START DATE	END DATE	\$30, \$50, \$75, other FEE
080820	Music Appreciation	M	6:30 – 9:30	Miner				

Sub Total \$ \_\_\_\_\_

*I wish to donate to the "50 Plus Student Scholarship Program" \$ \_\_\_\_\_*

Total Fee \$ \_\_\_\_\_

Please fax registration forms when using a credit card to: (650) 762-0232

**PAYMENT**

CREDIT CARD  VISA  MASTERCARD

CARD # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CHECK (Please make checks payable to: **San Mateo Adult School**)

CASH

**LIABILITY WAIVER AND POLICIES**

I, the undersigned participant, do hereby voluntarily agree to participate in the aforementioned activities, and I agree to indemnify and hold the San Mateo Adult School harmless from and against any and all liability for injury which may be suffered by myself arising out of or in any way connected with my participating in this activity. I understand that NO REFUNDS will be given after the 1st class meeting unless the class or program is cancelled by the SAN MATEO ADULT SCHOOL.

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_