

Assabet After Dark

Experience More

Registration Form

Make Checks Payable to "Assabet After Dark" or "AAD"

Name: _____

Address: _____

City/State/Zip: _____

Phone Number _____ (Circle one) Home Work Cell

Email: _____

Course #	Course Title	Course Fee



Senior Discount (60 or older)-----Minus 10% - _____

If applicable: Date of Birth ___/___/___

TOTAL: _____

Enclosed is my check. Check # _____

MasterCard VISA Discover American Express (Circle One)

Card Number: _____

Expiration Date: ___/___ Security Code: _____

Please read our Refund / Withdrawal Policy carefully.