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CLASS REGISTRATION FORM

Today's Date: _____

Name: _____

Mailing Address: _____

Street or PO Box

Town/City

State

Zip

Cell/Home Phone: _____ Work Phone: _____

Email address: _____

Course: _____

Course: _____

Course: _____

Payment Method:

___ Cash ___ Check # _____ ___ Credit Card

Only needed if registering over phone or mail:

MasterCard Number: _____ Exp Date: _____

Visa Number: _____ Exp Date: _____

Discover Number: _____ Exp Date: _____

CV Code(3-digit on back of card) _____

Cardholder's Name (if different than registrant) _____

Agency/Company to bill: _____

Contact Person: _____