

REGISTRATION FORM — SPRING 2018

www.capecodall.org

Academy for Lifelong Learning Cape Cod Community College

2240 Iyannough Road
West Barnstable, Ma 02668-1599
(774) 330-4400

FOR OFFICE USE ONLY

CK# _____ Amount _____
Reg. Forms #1 ___ #2 ___ #3 ___
Coordinator 1 ___ 2 ___ 3 ___
Legacy _____

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

The best way to contact me is: By Phone _____ By Email _____

First Name: _____ Middle Initial: _____ Last Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Date of Birth _____

Emergency Contact (required): _____ Phone: _____ Relationship: _____

Is this a **NEW ADDRESS** since your last registration? Yes No

I am a **FIRST TIME** member of A.L.L. How did you learn about A.L.L.? _____

Single coordinator Co-coordinator Tri-coordinator (see registration information) Legacy Lifetime

Please contact me about "coordinator/assistant coordinator" opportunities. Yes No

For the \$105 membership fee you may select from the following options. (make check payable to A.L.L.)

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. (Students may join unfilled classes at no additional cost. See "Open Seating" policy in catalog.)

(off. use)	Course #	Course Name	Day	Time	# weeks	(off. use)
_____	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 _____	_____	_____	_____	_____	_____