REGISTRATION FORM — FALL 2019

Academy for Lifelong Learning
Cape Cod Community College
2240 Iyannough Road, West Barnstable, MA 02668-1599
(774) 330-4400 • **www.capecodall.org**

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.

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

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

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 at no additional cost.)

(off. use)	Course #	Course Title	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_____	_____	_____	_____	_____	_____	_____