## **ALL Registration Form Fall 2024**

## If possible, please download and complete this form on your computer before printing.

**Academy for Lifelong Learning** For Office Use Only **Cape Cod Community College** Invoice# Amount Reference/Ck# 2240 Iyannough Road West Barnstable, MA 02668-1599 L\_\_\_\_\_ Mail your completed form with your check for \$125 to the above address. OR Email this form to allccregister@gmail.com and pay the membership fee plus a \$5 handling fee (\$130 total) by credit card online by selecting the "Pay By Credit Card Here" Button at capecodall.org/registration. Name Date of Birth Street City State ZIP New address? Phone (Home) (Cell) New phone #? Email New Email Address? Emergency Contact\_\_\_\_\_Phone\_\_\_\_\_Relationship\_\_\_\_ FIRST TIME Member? How did you learn about ALL? Please contact me about "coordinator" opportunities. Y\_\_\_ N\_\_\_ Please select up to four 6-week courses, two 12-week courses or one 12-week and two 6-week courses. Please choose alternates in case your preferred courses are full. Please list courses in order of preference, including alternate choices. Please note: Course number suffixes signify location. C=Classroom Z=Zoom HC=Hybrid Classroom HZ=Hybrid Zoom **Preferred Courses** (Ofc. Use) Course # Location **Course Name** Day/Time 12 1st 2nd C.Z.HC.HZ wk 6 wk 6 wk 3. ALL\_\_\_\_\_ Alternate Courses (if preferred are full) 

The ALL Registration process will open on Monday, August 19th at 9 am for registration forms received by Friday August 16th. No preference will be given to early postmarks or delivery dates.