

Non-Credit Classes & Summer Camps Registration Form

Participant's Name _____

Parent or Guardian (if under age 18) _____

Address _____

City/State/Zip _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email _____

Participant	Age (if under 18)	Class Title	Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL COST _____

Payment Method:

_____ Check enclosed (Payable to "Mount Aloysius College")

_____ Credit card

Master Card VISA Discover American Express

Name (as it appears on card) _____

Card Number _____ Exp. Date _____

Signature _____

Mail registration to: Office of Graduate and Continuing Education,
Mount Aloysius College, 7373 Admiral Peary Highway, Cresson, PA
16630, or fax to Office of Graduate and Continuing Education,
(814) 886-2978.