



REGISTRATION FORM

Course confirmations will be issued if an email address is provided.

Name

Address

City, State, ZIP

() () ()

Home Tel. Office Tel. Cell Tel.

Email (internal use only)

We do not assume any responsibility, either expressed or implied, for the damage to or loss of personal property or injury on the premises or off-site.

The Scarsdale Adult School is not responsible for any advice or consultation given within or beyond the classroom setting and course curriculum material. The School reserves the right to cancel courses that are under-enrolled, to change times and locations where necessary, and to substitute instructors.

The Scarsdale Adult School does not discriminate on the basis of race, color, sex, handicap, or national or ethnic origin in the administration of its educational policies

By mail: Send a check or money order payable to Scarsdale Adult School, with this completed registration form to: Scarsdale Adult School, Box 205, Scarsdale, NY 10583. There will be a \$20 charge for a check returned by your bank.

Course #* and abbreviated title Time / Day Fee \$

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***For Course #, please use 1-4 digit number located before each class price TOTAL \$**

In the event your course is filled or cancelled, we will refund your tuition. Students may request a refund at least 7 BUSINESS DAYS PRIOR TO THE FIRST CLASS MEETING; but please note a \$15 processing fee will be deducted from the refund. No refunds will be granted, for any reason at any other time. Students assume full responsibility for choosing the appropriate course level. If you are not sure which course level is suitable for you, contact us by phone (914 723-2325) or email (registrar@scarsdaleadultschool.org). Transferring to another class entails a cancellation and a \$15 processing fee will be charged. No discounts will be given for missed classes. There are no partial refunds or credits for any reason.

DONATION

Yes, I/we want to help keep the Scarsdale Adult School as a valued resource for Scarsdale and its neighboring communities.

Enclosed is my/our tax deductible gift** to Campaign 2016:

\$100

\$25

\$50

Other Gift amount of \$ _____

**All contributions will be acknowledged in writing