

**Durango Adult Education Center**  
**COMMUNITY EDUCATION REGISTRATION FORM**

Today's Date \_\_\_\_\_ Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

E-mail \_\_\_\_\_  Yes, I would like to receive an e-newsletter & correspondence from DAEC

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

County Resident \_\_ City Resident \_\_ Phone # \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Ethnicity: Asian Black Hispanic Native American Pacific Islander White

Class Name \_\_\_\_\_ Class Dates \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class Name \_\_\_\_\_ Class Dates \_\_\_\_\_ Fee \$ \_\_\_\_\_

*I understand class fees will be refunded only if requested 2 days BEFORE the class date.*

**Total Enclosed \$** \_\_\_\_\_

I am taking this class for: Business \_\_\_\_\_ Pleasure \_\_\_\_\_

Signature \_\_\_\_\_ *Creditcard payment: Visa / Mastercard*

Account #: \_\_\_\_\_ Expiration: \_\_\_\_\_ V-code: \_\_\_\_\_

Please mail and make checks payable to: **Durango Adult Education Center 701 Camino del Rio, Ste. 301 Durango, CO 81301**