



Carmel Adult School

www.carmelunified.org/adultschool | ☎ 831-624-1546

Fall 2018 Registration Form

Name: _____
first *last*

Phone: _____ email: _____

EMERGENCY CONTACT

Name: _____
first *last*

Phone: _____ email: _____

Name of Class: _____ Amount: _____

Name of Class: _____ Amount: _____

Name of Class: _____ Amount: _____

Total: _____

Completion of this form does not guarantee placement in the class.

OFFICE USE ONLY

Entered: -----

Cash: -----

Check #: -----