

**REGISTRATION FORM**  
**Mid-Maine Regional Adult Community Education**

Messalonskee Office  
131 Messalonskee High Drive  
Oakland, Maine 04963  
Tel: (207) 465-9134

Waterville/Winslow Office  
One Brooklyn Avenue  
Waterville, Maine 04901  
Tel: (207) 873-5754

Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Name: (1) \_\_\_\_\_ Start Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Course Name: (2) \_\_\_\_\_ Start Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Course Name: (3) \_\_\_\_\_ Start Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Method of Payment: (Circle One) Cash Check

For Credit Card payment, please visit our website at [midmaine.maineadulted.org](http://midmaine.maineadulted.org) or call our Waterville office at 207-873-5754.

Where did you obtain this brochure? Mailing \_\_\_\_\_ Other (please specify) \_\_\_\_\_

I understand that my participation in this class is strictly voluntary. I agree that neither Mid-Maine Regional Adult Community Education nor the instructor is responsible for any injuries or medical situations that may occur.

Signature: \_\_\_\_\_

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