

BAS Registration Form

Name _____
 Address _____ Apt.# _____
 City _____ State _____ Zip _____
 *Home Phone _____ * Cell Phone _____
 *Email _____

* **Contact information needed in case of weather cancellation**

Course Title	Start Date	Time	Fee

Please list additional courses on reverse side or on separate sheet
Please consider a tax-deductible donation to the Bronxville Adult School along with your payment, and support over 70 years of service to the community. \$ _____

Register online at www.bronxvilleadultschool.org Total \$ _____

__ Check __ Visa  __ MasterCard  __ Discover 

Credit Card Number _____ Expiration Date _____

Signature of Cardholder _____ Print Name as it appears on card _____

Make check payable to Bronxville Adult School • P.O. Box 334 • Bronxville, NY 10708



**Support life-long learning in our community!
 Please make a donation today.**

The Bronxville Adult School needs your assistance. We are an independent non-profit organization, and for over 70 years we have provided enrichment opportunities to our neighbors. We receive no taxpayer funding. Last year, close to 3,000 students took more than 300 classes through our school.

Your donation will help us to meet rising operating costs and keep tuition affordable.

Donate online at www.bronxvilleadultschool.org

**Idea for a new class? Or a teacher?
 E-mail adultschool@bronxvilleschool.org.
 We are always eager to receive new ideas!**