

Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

***Email** _____

**Needed in case of weather cancellation and for order confirmation. Please read Need to Know, page 28.*




Course title	Start date	Time	Fee

Please consider a tax-deductible donation to the Bronxville Adult School.

\$ _____

Total \$ _____

To cancel a registration, contact the office at least 5 FULL BUSINESS DAYS BEFORE the class start date and you will receive a confirmation email. You will receive a full refund, minus a \$10 processing fee. No refunds will be issued for any reason at any other time.

Check
 Visa 
 Mastercard 
 Discover 

 Credit card number Expiration date Security code

 Signature of cardholder Print name as it appears on the card

MAKE CHECKS PAYABLE TO: Bronxville Adult School, P.O. Box 334, Bronxville, NY 10708

MISSION STATEMENT

The Bronxville Adult School is a not-for-profit organization incorporated in 1957 and chartered by the New York State Board of Regents. Recognizing the importance of life-long learning, the Bronxville Adult School offers all adults of Bronxville and surrounding communities the opportunity for personal growth through life-enhancing skills and provides cultural, intellectual and recreational stimulation at a nominal cost.

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