REGISTRATION

PHONE (207) 934-7922 Please have your chosen courses & credit card handy. 10 AM - 9 PM during school semesters.

IN PERSON

10 AM - 5 PM @ 28 Jameson Hill Rd. 5 - 9 PM @ 40 E. E. Cummings Blvd. Always good to call first. (207) 934-7922

EMAIL

Fill out the registration, scan & send to: adultedinfo@rsu23.org

ONLINE

www.oobsaco.maineadulted.org

WE'VE MOVED! MAIL

Fill out and mail to: OOB/Saco Adult Ed 28 Jameson Hill Rd. Old Orchard Beach, ME 04064

Please include: your check payable to OOB/Saco Adult Education or your credit card info & signature.



Please Print Clearly		Check h		
Student Name (First, Last)		Trew add	1033	
Address (please use credit card billing ac	ddress, if applicable)	/	/	
City	State Zip	Birthdate	Birthdate (mo/day/yr)	
Home Phone (With Area Code)	Work Phone (With Area Code/Ext.)			
E-mail Address				
Course Information				
Course Title		Start Date	Course Fee	
	TOTAL amou	nt enclosed		
Credit Card Information By signing of refund policy and release OOB/Saco of accident and approve the charge r	Adult Education from any	and all responsib count.	accept the ility in case	
			_ /	
Credit Card Number (Please print clearly	/)	Sec. code	Exp. Date	
Print name as it appears on your credit o	card			
			/ /	
Signature			Date	

NEED ANOTHER REGISTRATION FORM? Visit www.oobsaco.maineadulted.org