

Adult Education Class Registration Form

Unless you have requested a waiver, any payment due must accompany this registration form. Please submit **separate checks** for each class and write the name of the class on the memo line. Make checks payable to EUUC. Mail this form and payment to:

Edmonds Unitarian Universalist Church
8109 224th St SW
Edmonds, WA 98026

Name(s) _____

Email _____ Phone _____

Address _____

Class 1 _____

Dates and times _____ Cost \$ _____

Class 2 _____

Dates and times _____ Cost \$ _____

Class 3 _____

Dates and times _____ Cost \$ _____

Class 4 _____

Dates and times _____ Cost \$ _____