



Haverford Township Adult School

**Learn, Grow, Connect!**

**FALL 2020 MAIL-IN  
REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

E-Mail Address (required to send updated class information and weather related cancellations)

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (eve): \_\_\_\_\_

**COURSE INFORMATION**

| Course # | Course Title | Tuition |
|----------|--------------|---------|
|          |              | \$      |
|          |              | \$      |
|          |              | \$      |

DONATION: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Check payments should be payable to HTAS and mailed to :  
**HTAS, PO Box 806, Havertown, PA 19083**

**High school students under the age of 18 need permission from parents to take a HTAS course**

**Parent Signature** \_\_\_\_\_

If you love taking our classes, please consider volunteering for the Haverford Township Adult School Board! For more information, mail this section with your registration.

Or, call the school office at **610-853-5919**

**I'm interested in becoming a member of the Haverford Township Adult School Board.**

**Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**E-mail** \_\_\_\_\_