

REGISTRATION FORM

Name (R1): _____ Date of Birth: _____

Name (R2): _____ Date of Birth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are there any changes to the contact information from the previous registration? Y N

Would you be interested in serving on a committee? Y N if so, which one? _____

<u>R1</u>	<u>R2</u>		<u>R1</u>	<u>R2</u>		<u>R1</u>	<u>R2</u>	
___	___	\$20 3263 Membership	___	___	\$7 3282 Opera	___	___	\$7 3268 History I
___	___	\$7 3283 Intermediate Bridge	___	___	\$7 3270 History III	___	___	\$7 3265 Travel
___	___	\$7 3269 History II	___	___	\$7 3284 Diagnosis & Rehabilitation	___	___	\$0 3273 Understanding Football
___	___	\$7 3271 Local History	___	___	\$0 3275 PAWS	___	___	\$0 3277 Safe Water
___	___	\$7 3267 Nature Series	___	___		___	___	
___	___	\$7 3272 Health/Wellness	___	___		___	___	
___	___	\$0 3274 Estate Planning	___	___		___	___	
___	___	\$0 3276 AARP Fraud Watch	___	___		___	___	
___	___	\$0 3266 Music Series	___	___		___	___	

If you registered for History I, II, III or Local History, please choose any or all of the your free movies below

___	___	\$0 3278 Iron-Jawed Angels	___	___	\$0 3279 True Grit
___	___	\$0 3280 Erin Brockovich	___	___	\$0 3281 Hidden Figures

Payment Information:

Enclosed is check # _____ for \$ _____. Make checks payable to QVCC.

Credit Card Payment: MC/VISA: _____ - _____ - _____ - _____ EXP: ____/____

Last three digits on back of card: _____

Mail Registration to:

Krissy Larrow – QVCC
742 Upper Maple Street
Danielson, CT 06239

Registrant	Banner ID	Term	Date Reg	Bus Off	Date Paid
R1	@	119312			
R2	@	119312			