

L.I.F.E.—Learning is ForEver **Registration Form**

Name of Registrant _____
 Mailing Address _____
 City, State, Zip _____
 Phone _____ (required for registration)
 Email _____

Course Title	Section #/ Location	Beginning Date	Fee
TOTAL AMOUNT DUE =			

Make Checks Payable to: The Department of Aging
 Complete the registration form and mail to: Department of Aging—L.I.F.E. Program
 Attention: Alice Allen, Division Manager
 P.O. Box 653, Leonardtown, MD 20650

Registrar Use Only
 Date: _____ Time: _____ Initials: _____ AIM Verification _____
 Method of Payment: Cash _____ Check #: _____
 Amount Paid: _____ Notes: _____