

Mail to:

NORTH SHORE SCHOOLS COMMUNITY EDUCATION PROGRAM  
450 GLEN COVE AVENUE  
GLEN HEAD, NY 11545

Checks payable to: North Shore Schools  
(Separate registration forms and check for each course, please.)

**If not notified, you are accepted into the course  
For which you registered.**

**Mail-in Form**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Day Phone \_\_\_\_\_ Eve. \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

Course Title \_\_\_\_\_ CC \_\_\_\_\_  
Day \_\_\_\_\_ Time \_\_\_\_\_ Room \_\_\_\_\_

Course Fee \$ \_\_\_\_\_  
Non-resident Fee \$5.00 \$ \_\_\_\_\_ Check \_\_\_\_\_  
Total \$ \_\_\_\_\_ Cash \_\_\_\_\_

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