



Adult Education Registration

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Please **DOWNLOAD** this form and reopen from that location. Complete the form and email, fax, or mail to the above address.

Name: _____
First Middle Last

Address: _____
Street address

City State Zip

Day phone: _____ Cell phone: _____

Email: _____

Registered with Troop #: _____ SU #: _____ Grade level: _____

Special needs (please explain): _____

Course Information

Date	Name of Course	Session	Location	Fee

Total \$: _____

Payment Type: Check details (if sent separately)

Name on check _____

Check # _____

Driver's License # & State _____

Date mailed _____

Billing Zipcode _____

Visa Mastercard Discover

Name on Card _____

Card # _____

Exp. Date _____

CSV (security code) _____