



Fayetteville Community Education Registration Form

Please return completed form with payment to:
Fayetteville Adult & Community Education
612 S College Ave
Fayetteville, AR 72701
(479) 444-3041

Student Name: _____
First Name Last Name Middle Initial

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____ Gender: Male Female

Learned about this program: _____

Other classes you might be interested in: _____

Class Name: _____ Location: _____

Start Date: ____/____/____ End Date: ____/____/____ Time(s): _____

Day(s): _____ Instructor: _____

Office Use Only

Amount Due: \$ _____

Payment Type: Cash Check# _____

Date Paid: ____/____/____

Received By: _____

Notes: _____

****In the event that a class is cancelled, or a student withdraws before the date of the first class, a full refund will be issued. Any student who withdraws before the date of the second class will receive a 50% refund. No refunds will be given after the date of the second class.**