



Registration Form

First Name _____ Middle Initial _____

Last Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Form Completion _____

Home Phone _____

Work / Cell Phone _____

Course _____

Course _____

Course _____

Enclosed is my check or Money Order for \$ _____ made payable to WACTC.

Mail to:

Western Area CTC

Adult Education

688 Western Ave.

Canonsburg, PA 15317

Refund Policy: Tuition will not be funded after the second class session has met. Payment for courses must be paid in full prior to the start date.

EOE