

(724) 746-2890 FAX (724) 746-0817 Web Site www.wactc.net

Michael Milanovich **Executive Director**

ADULT EDUCATION ENROLLMENT AGREEMENT

First Name	Last Name	_
Full Address		_
Home Phone / Cell	Phone	_
Email Address		_
	*	_
Enrolling In	Hours	_
Anticipated Start D	ate Anticipated Completion Date	
Amount Paid	Balance Due	_
Chec Card N umber	ment for courses MUST be paid in full prior to the start date of class. It is are to be made payable to Western Area Career & Technology Center Master Card / Visa, Discover, American Express are also accepted. Valid thru Three Digit Code REFUND POLICY Tuition will not be refunded after the second class session has met.	
WACTC reserves th	e right to change the start and/or completion dates or to cancel a class.	
Mail Completed Ap Western Area Care Adult Education De 688 Western Aven Canonsburg, PA 15	er & Technology Center partment ue	
Signature	Date	