



# Clearview Regional Adult Community School

## Registration Form

**Mail to:** Clearview Regional Community School  
 595 Jefferson Road  
 Mullica Hill, NJ 08062

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\*Email:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

Course No.	Course Title	Course Fee
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# _____	_____	\$ _____
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# _____	_____	\$ _____
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# _____	_____	\$ _____
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Harrison & Mantua Township residents age 55+ : *Deduct 5%* (\$ \_\_\_\_\_ )

Non-Residents of Harrison and Mantua Twps.: *Add \$3 per course* \$ \_\_\_\_\_

**Registration Fee \$ 5.00**

**Check / Money Order # \_\_\_\_\_ TOTAL \$ \_\_\_\_\_**

*(Payable to: Clearview Regional Community School)*

**You will not receive confirmation of your registration**

**I agree to waive any claims resulting from or in connection with the activities in which participate.  
 I hereby release, absolve, and hold harmless the District and its instructors and staff.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_