



Shifting GEARS

OFFICE USE ONLY

DATE: _____

ACATEC REP: _____

**Combining Technical and Adult Education
to Make a Life Change**

CLASS REGISTRATION FORM

CLASS NAME _____
NAME(PRINT) _____
SOCIAL SEC. # _____
DATE OF BIRTH _____
GENDER _____ RACE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
BEST CONTACT PHONE NUMBER _____
EMAIL ADDRESS _____

FORM OF PAYMENT ☐ CHECK ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ THIRD PARTY

TOTAL \$ _____ Credit Card Number _____ Expiration Date _____

Signature _____ CVC Code: _____

Third Party Payer _____

Billing Address _____

Authorizing Supervisor _____ Signature _____

Return this form with payment to:

Allegan County Area Technical & Education Center
2891 116th Ave. (M222), Allegan, MI 49010
Fax: 269-512-7801 Phone: 269-512-7800

FEE POLICY: Registration fees for Adult Education Course and Certificate Programs are due at the time of registration. Payment guarantees your seat. Refunds are issued for cancellations up to 48 hours prior to class start.

EMERGENCY CLASS CLOSINGS: If inclement weather or other emergency requires the closing of the school and/or canceling of classes this will be announced on local TV channels WWMT, WOODTV & WXMI or you may call the office at 269-512-7800.

STUDENT SIGNATURE _____