

PRINCETON SENIOR RESOURCE CENTER – CLASS REGISTRATION

NAME _____ PHONE _____

ADDRESS _____

City _____ State _____ Zip code _____

Class Name	Date of Class	Fee (if any)
Total Amount:		

Check enclosed: Check # _____

OR: Please charge my Credit Card: ___ Visa ___ Master Card Account # _____

Exp. Date ___/___ Signature _____

Mail or bring this form and payment to: Princeton Senior Resource Center, 45 Stockton St., Princeton, NJ 08540