



Capital Region Language Center

Connecting you to the world through language

Parade Ground Village, Malta & 23 Computer Drive East, Albany

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Adult Registration Form

Name: _____

Address: _____

Birthday (month / day): _____

Phone Numbers: Which is the best way to reach you at the last minute? _____

(H): _____ (C): _____ (W): _____

Email: _____

May we share your email with other students in your class and your instructor? _____

May we email you at work? _____

Language you are registering for: _____

Session: _____

Location (Colonie or Malta): _____

Have you had previous language class experience? _____

Where/When? _____

How did you hear about CRLC? _____

If a friend recommended CRLC, please provide that friend's name: _____

Method of payment:

cash

check

credit card (MasterCard/Visa/Discover) Please call with the following information:

CC number, expiration date, CV code, billing street address and zip code

Release

I have read, understood and initialed the appropriate Attendance Contract for the class for which I am registering.

Signature: _____