



REGISTRATION FORM

Please Print:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

(To be used only for registration confirmation)

Age of registrant if under 18 _____ Birthdate _____

COURSE TITLE	PROGRAM # (IF APPLICABLE)	COST
Total Cost		

*Materials fees are paid directly to the Instructor on the first meeting of class.

Mail this form with payment to: **Roland Park Country School**
Office of External Programs
5204 Roland Avenue
Baltimore, Maryland 21210

Or call to register with credit card information:
410-323-5500 ext. 3045

FORM OF PAYMENT

MasterCard VISA Check enclosed (payable to RPCS)

Name on Card _____

Credit Card # _____

Date of Exp. _____ / _____ 3-Digit CW _____

Signature _____