Polson Adult Education

REGISTRATION FORM

Name:_____

Telephone Number: _____

Mailing Adress:_____

E-Mail Address: _____

COURSES SELECTED	FEES (IF ANY)
TOTAL REGISTRATION FEES:	

Mail completed registration form and check or money order to:

POLSON SCHOOL DISTRICT C/O ADULT EDUCATION

111 4th Ave North - Polson, MT 59860

or drop off at the Polson High School Office at

1712 2nd Street West - Polson, MT 59860