

Main Street Extension Registration Form

Name _____

Address _____

City _____ Zip _____

Phone _____ Email _____

CC# _____ Exp.Date _____

Course #	Title	Amount

Mail Form & Payment to:

TOTAL \$



WHRSD
Main Street Extension
600 Franklin Street
Whitman, MA 02382

Checks payable to:

**WH Regional
School District**

