

TAFT EDUCATIONAL CENTER 2012

110 Woodbury Road • Watertown, Connecticut 06795
 Telephone (800) 274-7815 or (860) 945-7837
 Fax (860) 945-7903; or E-mail at aoriente@TaftSchool.org

Title : _____ Male _____ Female _____ E-mail address _____

Name _____
 Last First Middle Initial Preferred Name for Name Tags

Mailing Address _____
 Street City State Zip Country

Phone: Home (_____) _____ Phone: School (_____) _____

School _____

School Address _____
 Street City State Zip Country

Educator Identification number (CT teachers only): _____

Social Security number (last 4 digits only): _____

(Please Select)
 _____ **Boarder** (\$1100 per week) _____ **Commuter** (\$900 per week)

Workshop #	Title	Total Cost
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

Full payment or purchase order is required with application

Please make all checks payable to Taft Educational Center

Method of payment:

_____ P.O. from School District: (All PO's will be verified before they can be processed)
 Contact person: _____ Phone# _____

_____ Check: Personal _____ School _____ District _____

_____ Visa / MasterCard
 Visa or MC _____ / _____ / _____ / _____
 expir date ____ / ____ amount \$ _____
 V-Code _____ _____ _____ (The last three (3) digits on back of credit card)
 Signature: _____

OFFICE USE ONLY	\$ _____	
	\$ _____	Balance \$ _____
Date Rcv'd _____	\$ _____	
	\$ _____	
B / C	\$ _____	