TAFT EDUCATIONAL CENTER 2010

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

Social Security # (Last 4 digits only) _____ E-mail address _____

Male ☐ Female ☐ Mr. ☐ Ms ☐ Mrs. ☐ Dr. ☐ Other

Name _____
Last First, Middle Initial Preferred Name for Name Tags

Mailing Address _____
Street City State Zip Country

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

School _____ Fax (_____)_____

School Address _____
Street City State Zip Country

(Please Circle)
Boarder ($1050 per week) **Commuter** ($800 per week)

Workshop #	**Title**	**Total Cost**
Example:		
10A03	*AP Calculus*	*1050.00*
1._____	_____	$_____
2._____	_____	$_____
3._____	_____	$_____
4._____	_____	$_____
5._____	_____	$_____

Full payment or purchase order is required with application

Method of payment:
☐ **P.O. from School District: (Please fill in contact information below)**
Contact person: _____ **Phone#**_____
☐ **Check: Personal** _____ **School** _____ **District** _____
☐ **Visa / MasterCard**

Please make all checks payable to Taft Educational Center

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

OFFICE USE ONLY

Date Rcv'd _____

B / C

_____$_____
_____$_____
_____$_____
_____$_____
_____$_____

Balance $_____