



ENROLLMENT FORM FOR ADULT EVENING COURSES ONLY

(PLEASE PRINT)

SEX M _____ F _____

DATE OF ENROLLMENT _____ BIRTH DATE _____

STUDENT NAME _____

MAILING ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

HOME PHONE _____

CELL PHONE _____

COURSE #	NIGHT	COURSE TITLE	TUITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REGISTRATION FEE \$25.00

HANG TAG FEE 5.00

ATLANTIC COUNTY INSTITUTE
OF TECHNOLOGY
5080 ATLANTIC AVENUE
MAYS LANDING, NJ 08330
609-625-2249 EXT. 1212

MATERIALS FEE _____

BOOK PRICE _____

AMOUNT DUE _____

CASH CHECK MONEY ORDER PO/VOUCHER

VISA MASTER CARD AMERICAN EXPRESS

MAKE CHECK OR MONEY ORDER PAYABLE TO **ACIT**

Survey Question: If the service were available, would you register online by credit card?

_____yes _____no