

LLARC ENROLLMENT FORM
Fall 2020

Please use a separate form for each person

NAME _____ NAME FOR BADGE _____

Regis Alumna? _____ Year: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ Email _____

Please renew my membership _____

Please enroll me as a new Member of LLARC _____

I volunteer as: class representative _____ committee member _____

Below is an indication of my preferences. I understand that enrollment depends on space available.

IMPORTANT! PLEASE ANSWER:

If space is available in all courses, how many courses in total do you wish to take? _____

Please indicate if you were registered for the class in Spring 2020

1st Choice: Course # _____ Title _____

2nd Choice: Course # _____ Title _____

3rd Choice: Course # _____ Title _____

4th Choice: Course # _____ Title _____

5th Choice: Course # _____ Title _____

PAYMENT \$

\$ _____ \$75 annual membership fee if not already member (valid 9/1/20-8/31/21)

+\$ _____ \$200 Fall term tuition (covers unlimited courses if space is available)

+\$ _____ Voluntary contribution to the LLARC Sharing Opportunities Scholarship Fund

_____ Credit from Spring 2020 courses to be applied (if applicable)

= \$ _____ TOTAL

Make check payable to: Regis College. MAIL TO: LLARC, PO Box 3, Regis College, 235 Wellesley Street, Weston, MA 02493

If you would prefer to pay by credit card, contact the LLARC office at 781-768-7135.