



REGISTRATION FORM

HTSD LIFETIME LEARNING ACADEMY

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

COURSE SELECTION (USE COURSE CODE AND DATES): _____

FEE: _____

(check here) I certify I am at least 18 years of age or older.

**Please make checks payable to HTSD and mail to: HTSD, Lifetime Learning Academy, 4591 School Drive, Allison Park, PA 15101.*