



Clarence Grendahl, LADC  
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## Alcohol & Drug Education Class Registration

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Classes are offered every fourth weekend of the month. Please indicate below if you are registering for the 8 hour class or the 15 hour class, and which month you would like to attend.

\_\_\_\_\_ I would like to register for the 8 hour class (Saturday only from 9 am – 4:30 pm) in the month of \_\_\_\_\_ **\$75.00**

\_\_\_\_\_ I would like to register for the 15 hour class (both Saturday & Sunday from 9 am – 4:30 pm) in the month of \_\_\_\_\_ **\$90.00**

I will pay by: \_\_\_\_\_ **Cash** (*Payment must be received prior to OR on the day of class.*)  
\_\_\_\_\_ **Money order** (*Payment must be received prior to OR on the day of class.*)  
\_\_\_\_\_ **Credit/Debit Card** (*Payment must be received prior to class either online at [mtkserves.org](http://mtkserves.org) OR by returning this form to Matt Talbot at least two days prior to class. **Credit/debit card payments are not accepted on the day of class.***)

Credit/Debit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code (on back of card) \_\_\_\_\_

Signature Authorizing Credit/Debit Card Charge \_\_\_\_\_

Date \_\_\_\_\_

**THANK YOU!**