

Blue Hills Continuing Education Mail in Registration
Learnmorebhr.com

Date: _____

Course: _____

Amount: _____

Time: _____

Day of the week: _____

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City: _____

Cell Phone: _____

Check/money order # _____

Amount: \$ _____

PLEASE MAKE CHECKS PAYABLE TO BLUE HILLS RVTHS

PAYMENT BY EMPLOYER

Name of employer: _____

Address: _____

Contact person: _____

Phone number: _____

Mail to:

**Blue Hills Regional Technical School
Attn: Continuing Education
800 Randolph Street
Canton, MA 02021**

*Please use one registration form per person