



Registration Date _____ Refund Policy: 7 day \$20 Info Sent _____

COMMUNITY EDUCATION

Registration Form for Community Education Classes

PLEASE PRINT

First Name _____ Last Name _____

Date of Birth ____/____/____ M F

Mailing Address _____ City _____ Zip _____

Day Phone _____ Evening/Mobile _____

Email Address _____

Put the name of the class (or at least part of the name, to identify the class) and the A - B - C if listed. Include the start date - i.e., Mar. 3

COURSE NAME	START DATE	PRICE

Credit Card # ____/____/____/____ Exp. Date ____/____ Code _____

Printed name on card _____ Card Holder's Signature _____

Billing address same as above yes no _____



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