



## INDIVIDUAL CLASS REGISTRATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Course Name: \_\_\_\_\_

Date of Class: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Method of Payment: \_\_\_\_\_ cash / \_\_\_\_\_ check / \_\_\_\_\_ money order / \_\_\_\_\_ credit card

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The above information is correct and I have enclosed my payment. I have read the college catalog and understand the policies and procedures. I also understand there are no refunds.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_