



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