

Required Information

Participant Name: _____ DOB: ____/____/____

Email: _____

If the Participant is a child, Parent/Guardian info:

Name: _____ Parent DOB: ____/____/____

Parent Email: _____

Course Information

Course: _____ \$ _____
Course Name/Section Meeting Date & Time Tuition

Course: _____ \$ _____
Course Name/Section Meeting Date & Time Tuition

Coupon code: _____

Total: \$ _____

Method of payment: Cash Check # _____ Credit Card

Address

Address: _____
Street City State Zip Code

Phone: ____-____-____

Billing address (if different from above)

Street City State Zip Code

Card number: _____ Exp. Date: __/__/__ CCV: _____

Any issue the Registrar should know about?

Signature: _____ Date: ____/____/____

Registration taken by: _____ Date: _____ Process by: _____ Date: _____