

**COMMUNITY
EDUCATION
NONCREDIT
REGISTRATION
FORM**

FOR OFFICE USE ONLY: DATE RECEIVED ____/____/____ BY _____

CASH CHECK # _____ PAID BY _____

CREDIT CARD _____ - _____ - _____ EXPIRATION ____/____

CARDHOLDER'S NAME _____

TOTAL (this form) \$ _____ TOTAL PAYMENT \$ _____ DISCOUNTED \$ _____

Make checks payable to: UVSC

How did you learn about this course? _____ Brochure _____ Internet _____ Flyer _____ Friend

Newspaper: _____ Article _____ Advertisement _____ Community Calendar **Other:** _____

STUDENT DATA: (please print)

Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number ____/____/____ Birthdate ____/____/____ Male Female

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

COURSE DATA: (please print)

1) Course Title _____ Time: From _____ To _____

Course # _____ Start ____/____/____ End ____/____/____ Location _____ Fee \$ _____

2) Course Title _____ Time: From _____ To _____

Course # _____ Start ____/____/____ End ____/____/____ Location _____ Fee \$ _____

3) Course Title _____ Time: From _____ To _____

Course # _____ Start ____/____/____ End ____/____/____ Location _____ Fee \$ _____

TOTAL: \$ _____