

# REGISTRATION FORM

Please fill out all information completely.

This data is for student tracking purposes only and will not be released or used for any other purpose.

Name \_\_\_\_\_ Date of Birth\* \_\_\_ / \_\_\_ / \_\_\_

\*Under age 18 permitted only if indicated in course description.

Home Address \_\_\_\_\_ Home Phone ( \_\_\_ \_\_\_ ) \_\_\_\_\_

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

Male  Female

Accessibility & Accommodations Needed (Please call 651.773.1745 or 651.773.1715 TTY.)

Business Name \_\_\_\_\_ Business Phone ( \_\_\_ \_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

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

Email address \_\_\_\_\_

COURSE #	COURSE NAME	COURSE FEE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total Course Fees*:</b>		\$ _____

## PAYMENT INFORMATION

Check(s)\* enclosed.

**\*Please write a separate check for the exact amount of each course, payable to Century College.**

Business purchase order attached.

Please charge to my:  VISA  MasterCard  Discover

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Expiration Date \_\_\_ / \_\_\_ Card ID (CVV2/CID) # \_\_\_\_\_ (on back of card)