

COMMUNITY EDUCATION REGISTRATION FORM

REGISTRATION DATES: JAN. 31, FEB 1 AND 2 (CAFETERIA - A) 7 - 9 P.M.

Please **PRINT** Information and bring form with you to Registration
For name & address clarity -please use an address label

_____ COURSE# _____

D _____ TIME OFFERED _____

NAME (MR.,MRS.,MISS) _____

HOME) _____ (WORK) _____ (CELL) _____

DO NOT WRITE BELOW THIS LINE -- TO BE COMPLETED BY REGISTRAR
Payment of fees requires acceptance of all building & district smoking & parking

Please make checks payable to **BTCEP**

_____ Cash\$ _____ Check# _____

_____ Registrar _____

Refunds will only be given if a course is canceled due to insufficient enrollment
(You may duplicate this form if necessary)