

## Registration Form

Date \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Race (optional) \_\_\_\_\_ (for demographic purposes only)

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Please list classes you are registering for: \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_ Amount Paid Today: \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ (if paying by check today)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Circle One:    Visa    MasterCard    Discover

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_ I'd like to pay in full today    \_\_\_\_ I'd like to pay monthly (must fill out payment contract)

\_\_\_\_ I'd like to donate \$ \_\_\_\_\_ to the Windfall Scholarship Fund.