

COMSER	<input type="checkbox"/>
KIDCOL	<input type="checkbox"/>
CONTR	<input type="checkbox"/>

## CLOVIS COMMUNITY COLLEGE Non-Credit Class Registration Form

\_\_\_\_\_  
Name (Last, First, Middle)                      Age                      Parents Name (for Kids College)

\_\_\_\_\_  
Mailing Address/Street or P.O. Box                      City/State                      Zip

\_\_\_\_\_  
Best Phone (Cell/Work/Home)                      Emergency Contact (Name/Cell/Work/Home)

\_\_\_\_\_  
Email Address    Note: Please list an email address to receive a registration confirmation within 2 business days!

**Course Title** \_\_\_\_\_ **Fee** \_\_\_\_\_

**Course Title** \_\_\_\_\_ **Fee** \_\_\_\_\_

**Course Title** \_\_\_\_\_ **Fee** \_\_\_\_\_

**Course Title** \_\_\_\_\_ **Fee** \_\_\_\_\_

**Total** \_\_\_\_\_

<b>Please indicate if your employer or business is paying for this course.</b>	
Name: _____	Mailing Address: _____

Elizabeth Chavez  
Clovis Community College  
Educational Services  
417 Schepps Blvd, Clovis, NM  
88101 Phone: (575) 769-4760  
  
<http://www.clovis.edu/noncredit>

<b>For Official Use Only</b>	
Date:	_____
Invoice:	_____
Cashier:	_____

**Please charge to my:**    Mastercard                      Visa                      Discover                      American Express

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
CVV #

\_\_\_\_\_  
Exact Name As It Appears on the Credit Card

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date