

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

## CLOVIS COMMUNITY COLLEGE Non-Credit Class Registration Form

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

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

\_\_\_\_\_  
Best Phone (Cell/Work/Home) Alternative Phone (Cell/Work/Home)

\_\_\_\_\_  
Email Address Note: If an e-mail address is listed please expect a registration confirmation within 2 business days

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

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

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

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

Total \_\_\_\_\_

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

Winona Johnson  
Clovis Community College  
Educational Services  
417 Schepps Blvd, Clovis, NM 88101  
Phone: (575) 769-4962  
  
<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