

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: \_\_\_\_\_

**Al Potthoff**

Clovis Community College Business &  
Non-Credit Training 417 Schepps Blvd,  
Clovis, NM 88101 Phone: (575) 769-4760  
Fax: (575) 769-4190

<http://www.clovis.edu/noncredit>

**For Official Use Only**

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