

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: _____

Perla Herrera
Clovis Community College
Educational Services
417 Schepps Blvd, Clovis, NM 88101
Phone: (575) 769-4111

<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