

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

CLOVIS COMMUNITY COLLEGE Non-Credit Class Registration Form

Name (Last, First, Middle)

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

_____ Alternative Phone (Cell/Work/Home)
Best Phone (Cell/Work/Home)

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

_____ Fee _____
Course Title

_____ Fee _____
Course Title

_____ Fee _____
Course Title

_____ Fee _____
Course Title

Total _____

Please indicate if your employer or business is paying for this course.
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>

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