

Registration Information

BY MAIL: Make the check or money order payable to Cerro Coso Community College and mail the payment and completed form to:

Office of Community Education
Cerro Coso Community College
3000 College Heights Boulevard
Ridgecrest, CA 93555

BY FAX: If you would like to pay by VISA or MasterCard, you may register by completing the payment information below and faxing this form to:

(760) 384-6377

IN PERSON: You can bring the completed registration form & payment to the campus nearest you. Call your preferred campus for driving directions.

Indian Wells Valley - Ridgecrest (760) 384-6106
Eastern Sierra College Center - Bishop (760) 872-1565
Eastern Sierra College Center - Mammoth (760) 934-2875
Kern River Valley - Lake Isabella (760) 379-5501

Drop/Refund policies can be found at: www.cerrocoso.edu/communityed/refunds.htm



COMMUNITY EDUCATION Registration Form



Today's Date _____ If you are a current or past Cerro Coso student, provide your Student ID # (if known): @ _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ E-mail Address _____

Your Age Group

8 - 17 18 - 30 31 - 50 51 +

ACKNOWLEDGEMENT & ASSUMPTION OF POTENTIAL RISK

I understand and acknowledge that some community education activities offered through Cerro Coso Community College may pose a potential risk of injury/illness to individuals who participate. I also understand and acknowledge:

- A. That in order to participate in these community education activities, I agree to assume liability for any and all potential risks which may be associated with participation in such community education activities.
- B. That the college, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me while preparing for and/or participating in these community education activities.
- C. That I have no known medical condition which may post a risk to the health and safety of me or others participating in these activities.

Student Signature: _____ *If student is a minor, Parent/Guardian Signature:* _____

This class does not award college credit

Class	Location	Dates	Times	Class Fee
Community Band	Cerro Coso Community College 3000 College Heights Boulevard Ridgecrest, CA 93555 Room 250	Jan. 19 - May 3, 2012 <i>(Continuous Enrollment)</i>	6:30 P.M. - 8:30 P.M.	\$30



Credit Card Number _____ Exp. Date (mo/yr) _____ 3-Digit Security Code _____ Total Fees \$ _____
(on back of card)

Name as it appears on the card (please print/type): _____

Authorized Credit Card Signature: _____

Office Use Only	Receipt # _____
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