

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:* _____

Class	Dates	Times	Fee
<input type="checkbox"/> (C002) Digital Photography: Wild Flowers & Landscapes	April 7	10:00 AM - 2:00 PM	\$40
<input type="checkbox"/> (C012) Taking Photos w/ Your Smartphone or Tablet	June 12	6:00 PM - 9:00 PM	\$25
<input type="checkbox"/> (C013) Basic Digital Photography: Shoot, Store, & Share	June 18 - June 27 <i>(Mondays & Wednesdays)</i>	6:00 PM - 8:00 PM	\$50

These classes do not award college credit



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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