

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.cerrococo.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:* _____

These classes do not award college credit

Class	Location	Dates	Times	Fee
<input type="checkbox"/> Basic Project Management	3000 College Heights Blvd. Ridgecrest, CA 93555	March 26 & 28 April 2 & 4	6:00 P.M. - 7:30 P.M.	\$130

Once we receive your registration, we will send you an e-mail confirmation with the class location, dates, times, and what you need to bring to class.



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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