

GAVILAN COLLEGE COMMUNITY EDUCATION REGISTRATION

Last Name _____ First _____ Date _____

Email: _____ Date of Birth _____

Address _____ City/Zip Code _____

Phone (____) _____ Eve (____) _____ Cell (____) _____

Start Date	Class Title	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: _____

Cash Check _____ M/O Visa M/C # _____ - _____ - _____ Exp _____

Birth Year: <i>(Record 1900 when unable to gather this info)</i>	Birth Date (Wine Tasting or CFY classes):
How did you hear about the class?	

For office use only: Date of processing in Lumens: _____
Ed2Go student verification: _____

GAVILAN COLLEGE COMMUNITY EDUCATION REGISTRATION

Last Name _____ First _____ Date _____

Email: _____ Date of Birth _____

Address _____ City/Zip Code _____

Phone (____) _____ Eve (____) _____ Cell (____) _____

Start Date	Class Title	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: _____

Cash Check _____ M/O Visa M/C # _____ - _____ - _____ Exp _____

Birth Year: <i>(Record 1900 when unable to gather this info)</i>	Birth Date (Wine Tasting or CFY classes):
How did you hear about the class?	

For office use only: Date of processing in Lumens: _____
Ed2Go student verification: _____