

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
(OFFICE USE ONLY)

### TOP REGISTRATION FORM

Mr/Mrs/Miss \_\_\_\_\_  
First Name Last name (if child registering, parent's name)

Address (Campus Box or Dept) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ ID# \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Day Phone (Campus Ext) Home Phone Email Address

- Cash     Payroll Deduction     F/S Free  
 Check     Student Billing     Pending
- Credit card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Visa     MasterCard     Discover

Name printed on card: \_\_\_\_\_

Class No.	Class Name	Day/Time	Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Office Only:**     Date \_\_\_\_\_     Register     Date \_\_\_\_\_     Billed/Charged