

# REGISTRATION FORM

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Course #	Course Name	Start Date	Fee

Class Fee Total = \$ \_\_\_\_\_

Payment Method:    Check    MasterCard    Visa

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

When paying by check, make check payable to *Sierra College*. Returned checks are subject to bank fees.



## SEND US YOUR FILLED OUT REGISTRATION FORM & PAYMENT

E-mail: [communityed@sierracollege.edu](mailto:communityed@sierracollege.edu) *or* Mail & In-Person: 316 Vernon Street, Suite 249, Roseville, CA 95678

\*If sending via E-mail and using the digital form to fill in your information, please make sure to save the completed form to your desktop prior to sending it to us or the information you typed will not be saved/sent properly. You can also print, fill out, scan, & then E-mail it or take a clear picture on your phone and E-mail it that way.

\*If sending via post, please mail at least one week prior to the first class start date.