

Golden West College Community Education and Activities Registration Form

ONE REGISTRATION FORM PER PERSON. This form may be reproduced or additional forms are available in the Community Education and Activities Office. Confirmation will be mailed as soon as processed. If your registration is received less than seven business days prior to the event, your confirmation may not reach you in time, but your space will be reserved for your convenience.

Mail to: **Community Education & Activities Registration**
Golden West College
15744 Goldenwest St.
Huntington Beach, CA 92647-3103

FAX: (714) 895-8944
For further information call
(714) 895-0800

Make check payable to: **Golden West College**

NAME _____

STREET _____ APT. # _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ CELL PHONE () _____

GENDER (please check) Male Female BIRTHDATE _____ AGE _____

SENIOR'S GOLD KEY CARD NO. _____ E-MAIL ADDRESS _____

(Information is for our purposes only and will not be sold.)

When there are multiple sessions, please enter your First and Second choices for faster processing.

PROGRAM NUMBER		PROGRAM TITLE	PROGRAM DATE	TOTAL FEE	OFFICE USE ONLY
First Choice	Second Choice				
.	.				Date
.	.				Receipt #
.	.				
See Registration Information page for REFUND/TRANSFER POLICY.			TOTAL		Operator

Method of Payment

Check# _____ Name On Check _____ Total Paid \$ _____

Credit Card: VISA MasterCard Discover Am Ex Exp. Date _____

Credit Card No.

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Authorized Signature _____ Cardholder's Name _____

College for Kids and Teens Release and Medical Consent

My child, _____, has my permission to participate in the College for Kids programs and I release Golden West College, Coast Community College District, and any presenters and assistants from any liability arising from my son's or daughter's participation in said programs. I understand the College **does not** provide health and medical insurance for the participants. Consent is hereby given to the College for Kids presenters and/or supervisors to give or seek medical aid as required in the case of emergency.

If children are not picked up at the end of each program, an additional fee of \$5 will be charged for administrative supervision.

Signature of Parent _____ Date _____

I give my permission for any photographs taken of my child to be used in College publications.

Signature of Parent _____ Date _____