

# GWC COMMUNITY EDUCATION AND ACTIVITIES

ONE REGISTRATION FORM PER PERSON. This form may be reproduced or additional forms are available in the Community Education and Activities. 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, if space is available.

Mail to: COMMUNITY EDUCATION AND  
ACTIVITIES REGISTRATION  
Golden West College  
15744 Goldenwest Street  
Huntington Beach, CA 92647-3103  
Phone: (714) 895-0800  
FAX: (714) 895-8944

Make check payable to:  
**Golden West College**  
One check per event, please (*Otherwise, you may wait 4-6 weeks for refund of your fee for a filled program.*)

NAME \_\_\_\_\_  
Last First M.I.

STREET \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE ( ) \_\_\_\_\_ EVE PHONE ( ) \_\_\_\_\_ FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PARENT/GUARDIAN CONTACT \_\_\_\_\_

CHECK: Number \_\_\_\_\_ Name on Check \_\_\_\_\_ Total Paid \_\_\_\_\_

CREDIT CARD: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit Card No. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

TICKET NUMBER		PROGRAM TITLE <b>CIRCLE CAMP ATTENDING</b>	START DATE	FEE	Office Use Only
First Choice	Second Choice				Date Received:
3527.001		SCIENCE CAMP: 4 <sup>TH</sup> & 5 <sup>TH</sup> GRADE			Date Received:
3527.002		SCIENCE CAMP: 6 <sup>TH</sup> - 8 <sup>TH</sup> GRADE			Received By:
		<b>REQUIRED: Camp T-Shirt Size</b>			
<b>ONE REGISTRATION FORM PER PARTICIPANT</b>					Registration Date:
See our website for REFUND/TRANSFER POLICY <a href="http://www.gwccommunityservices.com">www.gwccommunityservices.com</a>				\$240.00	Reg. Receipt #:

## College for Kids & Science Camp – Release and Medical Consent

My child, \_\_\_\_\_, has my permission to participate in the College for Kids/Science Camp program 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 program. I understand the College does not provide health and medical insurance for the participants. Consent is hereby given to the College for Kids/Science Camp presenters and/or supervisors to give or seek medical aid as required in case of emergency.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

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