



Community Education Course Registration Form

Name of Student: _____
(First) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Course Information

Course Name	Date(s)	Day(s) of Week	Time	Course Fee (Additional material fees may be collected by the Instructor)

Payment Information

Total Course Fees: \$ _____ Cash _____ Check #: _____

CREDIT CARD: Visa /MC # _____ Expiration Date: _____

Security code on back of card (3-digit #) _____

Signature: _____

Submit Registration Form & Payment To

Feather River College
Student Services Office
570 Golden Eagle Avenue, Quincy, CA 95971
Phone: 530-283-0202, ext. 317 -- Fax: 530-283-3757

