REGISTRATION FORM

		Student ID	WA State Resident **Yes / No**	Date of Birth
		Or SSN	U.S. Citizen **Yes / No**	

First Name	Middle	Last Name		
Phone Day: Eve:	Mailing Address		City	State

Item	Course Title	Location	Day	Time	Fee	Date	Zip
9503	Sparkling Wine Seminar	U170	Thursday	6:00-8:00pm	$25	6/27/2013	
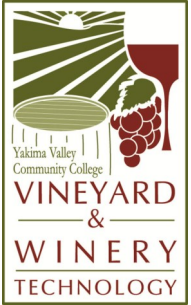
For Information, please call 509-882-7015 Monday-Thursday 8:00am-6:00pm

Total

Mail completed form along with your check or money order to:

Registration Office, Yakima Valley Community College, 500 W. Main Street, Grandview, WA 98930

Or FAX to (509) 882-7012 with the following information: □ Mastercard   □ VISA

Cardholders Name_____ Exp. Date _____ Acct. # _____

Signature _____

Yakima Valley Community College

VINEYARD & WINERY TECHNOLOGY