

REGISTRATION FORM

				Student ID Or SSN		Wa State Resident Yes / No		Date of Birth
						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	
9583	Wines of the World: Argentina	U170	Friday	6:00-8:00pm	\$25	11/15/13		
For Information, please call 509-882-7040 Monday-Friday 8:00am-5:00pm						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 _____