

# REGISTRATION FORM

				<b>Student ID Or SSN</b>		<b>Wa State Resident Yes / No</b>		<b>Date of Birth</b>
						<b>U.S. Citizen Yes / No</b>		
First Name			Middle	Last Name				
Phone Day: Eve:		Mailing Address			City		State	
<b>Item</b>	<b>Course Title</b>	<b>Location</b>	<b>Day</b>	<b>Time</b>	<b>Fee</b>	<b>Date</b>	<b>Zip</b>	
9535	Holiday Sparkling Wine	U170	Friday	6:00-8:00pm	\$25	12/13/13		
For Information, please call 509-882-7040 Monday-Friday 8:00am-5:00pm						<b>Total</b>		
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 \_\_\_\_\_