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

First	Middle	Last		
Name		Name		

Phone Day:	Mailing		City	State
Eve:	Address			

Item	**Course Title**	**Location**	**Day**	**Time**	**Fee**	**Date**	Zip
9500	Wines of the World: Provence	U170	Friday	6:00-7:30 PM	$25	7/18/14	

For Information, please call 509-882-7015 Monday-Thursday 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 _____