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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Student ID** |  | |  | Wa State Resident  **Yes / No** | | |
| **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 |  |
| 9553 | Riedel Wine Tasting | | Grandview U199 | | Saturday | 2:00-4:00pm | | $60 | 11/10/2012 |  |  |
| For Information, please call 509-882-7015 Monday-Friday 8:00am-5:00pm | | | | | | | |  | **Total** |  |  |
| Mail completed form along with your check or money order to: | | | | | |  | |  |  |  |  |
| Registrar's 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | |  |  |