

Central Alabama Community College

COMMUNITY SERVICES/CONTINUING EDUCATION REGISTRATION FORM (Payment must be made at time of registration)

DATE _____

COURSE TITLE _____

BEGINNING DATE _____

FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SEX _____ DATE OF BIRTH _____ / _____ / _____
M / F MM/DD/YYYY

E-MAIL ADDRESS _____

DRIVERS LICENSE NUMBER _____

SIGNATURE OF PARTICIPANT

DATE

Return to:

Central Alabama Community College

Terry Garrett
Childersburg Campus
34091 U.S. Hwy 280
Childersburg, AL 35044
256-378-2002

John Wynn
Alexander City Campus
1675 Cherokee Road
Alexander City, AL 35010
256-215-4260

DATE (Semester, Month, Year) _____ BEGINNING DATE _____

COURSE TITLE _____ COMPLETION DATE _____

FEES ASSESSED \$ _____ FEES COLLECTED BY _____