

ANGELINA COLLEGE COMMUNITY SERVICES
REGISTRATION FORM

NAME:

Last

First

Middle

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

COUNTY: _____

SOCIAL SECURITY #: _____

HOME PHONE: _____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE #: _____

DATE OF BIRTH: _____

FOR TEMPORARY PARKING PERMIT VEHICLE REGISTRATION INFORMATION:

Lic Plate # _____ State _____ Make & Model: _____ Color _____ Year _____

CHECK ONE: Male _____

Female _____

ETHNIC ORIGIN: _____

EMPLOYER: _____

WORK PHONE: _____

COURSE #: _____

COURSE TITLE: _____

BEGINNING DATE: _____

INSTRUCTOR: _____

HOURS: _____

LOCATION OF CLASS: _____

COURSE PAYMENT INFORMATION

AMOUNT PAID: _____

DATE PAID: _____

PAID BY: Cash _____

Check# _____

Other: (explain) _____

CREDIT CARD (Circle One):

VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS

CARD #: _____

Expiration Date: _____

CARDHOLDER NAME (Please Print): _____

CARDHOLDER SIGNATURE: _____

_____ BILLING AGENCY (Letter of authorization must be attached.)

PAYMENT RECEIVED BY (Signature) _____

Mail Form to:
ANGELINA COLLEGE
COMMUNITY SERVICES
PO BOX 1768
LUFKIN TX 75902-1768
Telephone: 936-633-5206
Fax: 936-633-5478

NO SUBSTITUTIONS
PARTICIPANT REGISTERED MUST ATTEND
STUDENTS MUST DROP CLASSES IN WRITING
TELEPHONE CALLS ETO DROP ARE NOT ACCEPTED
STUDENTS MUST WITHDRAW BEFORE THE
OFFICIAL CLASS START DATE TO RECEIVE 100% REFUND