

**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: _____

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 TO DROP ARE NOT ACCEPTED
STUDENTS MUST WITHDRAW BEFORE THE OFFICIAL
CLASS START DATE TO RECEIVE 100% REFUND**