REGISTRATION FORM

for couple registration only

Last Name _____ First Name _____ MI _____

Street Address _____ Apt.No. _____ City _____ Zip Code _____

Home Phone: ( ) _____ - _____

Bus. Phone: ( ) _____ - _____ or

Cell Phone: ( ) _____ - _____

Social Security No. : _____-_____-_____

Birth Date: _____/_____/_____ (month / day / year)

Gender: M F

Partner Last Name _____ First Name _____ MI _____

Street Address _____ Apt.No. _____ City _____ Zip Code _____

Home Phone: ( ) _____ - _____

Bus. Phone: ( ) _____ - _____ or

Cell Phone: ( ) _____ - _____

Social Security No. : _____-_____-_____

Birth Date: _____/_____/_____ (month / day / year)

Gender: M F

Course: _____ Section No. _____ Fee: $ _____

Course: _____ Section No. _____ Fee: $ _____

Course: _____ Section No. _____ Fee: $ _____

Total: $ _____

Mail of Fax this form with fee to:

Community Education, West Valley College, 14000 Fruitvale Ave.
Saratoga, CA 95070, ph (408) 741-2096, fax (408) 867-2522

FOR OFFICE USE ONLY

ID No. : _____

R No. : _____

Date: _____

PAYMENT METHOD

☐ Enclosed is my check for $ _____

Driver's License No. _____

☐ Please charge my ☐ Visa ☐ MC ☐ AE

for the following amount $ _____

Credit Card No.: _____

Expiration: _____ (mm/yy)

Signature: _____

If you with to register with you Visa, MasterCard or American Express, call (408) 741- 2096 between 8:30 am- 4:30 pm, Monday - Friday.
A $15 cancellation fee will be charged for all drops and withdrawals