



Course Registration form

date _____

Personal Information

Name: _____

Age: _____

Gender:

Male

Female

Education level (if 18+)

High school Graduate

Undergraduate

Currently in university or college

Knowledge Of The Course

1-5

1 being zero

5 is as great as a poet

Any Special Requirement (Optional Disability, color Blindness, etc.)

If Yes _____

Contact Details

Contact Name: _____

Phone number: _____

Email: _____

Address: _____

City: _____

Emergency Contact Number _____

Relationship To The Contact _____

Registrant Signature

Applicant's Signature

Note: you can apply for fee waivers or discounts. You may ask for it when we call to confirm the registration