





**TWO WORK REFERENCES**

\_\_\_\_\_  
Name Address Telephone

\_\_\_\_\_  
Name Address Telephone

**TWO PERSONAL REFERENCES**

\_\_\_\_\_  
Name Address Telephone

\_\_\_\_\_  
Name Address Telephone

**IMPORTANT POLICY**

For the safety of the student, other students on course and instructors, it is the College's policy that students consume **NO ALCOHOL OR DRUGS** during the program. Students abusing this policy will not be allowed to complete the program and will be charged the full course fee.

\_\_\_\_\_  
Signature Date

**FOR MAIL IN REGISTRATION ONLY**

Credit Card Payment

VISA  Mastercard  Card# \_\_\_\_\_ Exp. Date: Mo \_\_\_ Yr \_\_\_

Amount \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Payment Received:

Cash  Debit  Mastercard/VISA Amount Pd: \$ \_\_\_\_\_

Receipt # \_\_\_\_\_ Medical Form Rec'd: Yes  No

School Transcripts Rec'd: Yes  No

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