Community Education
Registration Form

Course Name:

Course Dates: **From:** **To:**

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email: _____

Applicant Statement and Payment Information

I certify the information furnished on this application is correct to the best of my knowledge. I agree once I am admitted to Luna Community College, for purposes of attending Community Education courses, I will become familiar with and will observe the college's policies and regulations. I further acknowledge and agree that LCC is not responsible for loss of or damage to my personal property.

Circle form of payment: Cash / Check / Amount:: _____ **Retain bottom portion for your records**.

Note: Credit Card payments can be made in person at the Fiscal Office or via phone 505-454-2506

If amount pro-rated explain here: _____

Signature _____ Date _____

Student Receipt

Full Name: _____
Last *First*

Payment Received: **Circle form of payment: Cash / Check** **Amount:** _____

_____
By: *Date*

Course Name: _____ **Course Start Date:** _____

Note if pro-rated _____